AFN #2009172625 Recorded 04/20/09 at 03:31 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor J. Michael Garvison Skamania County, WA

DIVISION OF CHILD SUPPORT PO Box 11520 Tacoma, WA 98411-5520

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: N:	icholette L. V	Wilson		also known as or
doing business as: $\overline{\mathtt{N}}$	IKKI TATE			·
				<u> </u>
. S	SN: <u>xxx-xx-575</u>	3 1	DOB: 05/03/74	
Grantee or Creditor:	The Department of	of Social and Hea	alth Services (DSHS).	~ I
Legal Description:	- (6	7 7		
		)		
- 4	. /			
Assessor's Property	Tax Parcel Accour	nt Number:		
	debtor named ab	ove owes past-d	nts and accrue to the lue child support. The in Skamania	
X All real and perso	onal property of the	e debtor named	bove except Tribal Tru	ust property.
☐ Only the property	described in the l	Legal Description	section above.	
April 15, 2009	1	P. Stevens		•
Date		Authorized Represer DIVISION OF CHILD		
(360) 696-6100		P. Stevens		
Telephone Number	<del></del>	Person to Contact	•	
			000210428800553	43220000000002502
In reply, refer to: Case #: 2104298			55522542966933	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.3) 2780:20090415/ 2104298/0725