AFN #2010174779 Recorded 01/25/10 at 11:53 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd 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: St.	evie A. Lister	$\overline{}$	_, also known as or
doing business as:			
		<b>4</b>	,
SS	N: <u>xxx-xx-3951</u>	DOB: 06/02/86	
Grantee or Creditor: T	he Department of Soc	cial and Health Services (DSHS)	
Legal Description:	√O	· _(C	
Assessor's Property T	ax Parcel Account Nu	mber:	<u> </u>
	debtor named above o	are judgments and accrue to the owes past-due child support. The 520.50 in Skamania	e Division of Child
X All real and persor	nal property of the deb	otor named above except Tribal T	Γrust property.
☐ Only the property	described in the Legal	Description section above.	
January 19, 2010 Date	Autho	Zahn prized Representative SION OF CHILD SUPPORT	
(360) 664-6900	J. 2	Zahn	
Telephone Number	Perso	on to Contact	
		0002065668002	338322900000000212502

In reply, refer to: Case #: 2065668

FG VER: (1.3) 1021:20100119/ 2065668/1021

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)