AFN #2010175823 Recorded 06/28/10 at 11:57 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County,

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: RANI M DOUGLAS	s, also known as or
doing business as: RANI M SCOTT	,
	<u></u> ,
SSN: xxx-xx-783	DOB: <u>03/22/1975</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	), (())
Assessor's Property Tax Parcel Accou	int Number:
	n due, are judgments and accrue to the lien amount. \ bove owes past-due child support. The Division of Child int of \$ 255.00 in SKAMANIA County on
XI All real and personal property of the	ne debtor named above except Tribal Trust property.
Only the property described in the	
June 24, 2010	A SAUCEDA
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(509) 886-6800	A SAUCEDA
Telephone Number	Person to Contact

In reply, refer to: Case #: 2119418

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3244:06242010/

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