AFN #2010175875 Recorded 07/06/10 at 03:35 PM 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: Didoing business as:	EBORAH A AMMON	VS	, aiso known as or ,
_	<del></del>	$\times$	
S	SN: <u>xxx-xx-806</u>	0 DOB: <u>05/24/196</u> :	3
Grantee or Creditor:	The Department	of Social and Health Services (DSHS	S).
Legal Description:	~(	), (	17
Assessor's Property	Tax Parcel Accour	nt Number:	
	debtor named ab	due, are judgments and accrue to the overowes past-due child support. The of \$ 17,961.09 in SKAMANI	he Division of Child
X All real and perso	nal property of the	e debtor named above except Tribal	Trust property.
		Legal Description section above.	•
July 01, 2010		D RICHARDSON	<u></u>
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100		D RICHARDSON	
Telephone Number		Person to Contact	<del>"</del>

In reply, refer to:

Case #: 1536275 798910

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

FG VER: (1.4) 2202:07012010/ 1536275 / 2202