AFN #2010176344 Recorded 09/08/10 at 02:02 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy 0. 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:	KASSIE A PICKE	TT		, aiso known as or
doing business as:				
		A 2		,
	SSN: <u>xxx-xx-171</u>	8	DOB: <u>04/04/1979</u>	
Grantee or Creditor	: The Department	of Social and Hea	alth Services (DSHS).	
Legal Description:		) `	_(	17
Assessor's Propert	y Tax Parcel Accou	nt Number:	$\triangle$	<u> </u>
DSHS claims that t	he debtor named ab	oove owes past-d	ents and accrue to the ue child support. The 14 in SKAMANIA	Division of Child
All real and per	sonal property of the	e debtor named a	above except Tribal Tr	rust property.
Only the proper	rty described in the	Legal Description	section above.	
September 03,	2010	J DEMICH	7	
Date	<del></del>	Authorized Represer DIVISION OF CHILD		
(360) 696-6100		J DEMICH		
Telephone Number		Person to Contact		
			00015419240010	733700000000102502

In reply, refer to: Case #: 1541924

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

FG VER: (1.4) 3520:09032010/ 1541924 / 3520