AFN #2010176465 Recorded 09/23/10 at 01:10 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 of Debtor: SHAWNA M SOSA	, also known as or
doing business as: SHAWNA MARIE H	IGGS,
1	
SSN: XXX-XX-717	DOB: <u>07/23/1982</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accoun	nt Number:
	due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child t of \$ 750.00 in SKAMANIA County on
XI All real and personal property of the	e debtor named above except Tribal Trust property.
Only the property described in the	
September 20, 2010	J ZBINDEN .
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(509) 374-2000	J ZBINDEN
Telephone Number	Person to Contact

In reply, refer to: Case #: 2178666

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

000217866600242866600000000042502

FG VER: (1.4) 482:09202010/ 2178666 / 2209