AFN #2010176647 Recorded 10/19/10 at 08:10 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

In reply, refer to:

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

Case #: 1008648 1081536 1177745

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

Grantor or Deptor: L	ISA L COOK		, also known as or
doing business as: _			,
			,
S	SN:xxx-xx-4752	DOB: <u>08/09/1963</u>	3
Grantee or Creditor:	The Department of Social	and Health Services (DSHS	3).
Legal Description:		` _(	17
Assessor's Property	Tax Parcel Account Numb	er:	<u> </u>
DSHS claims that the		e judgments and accrue to to es past-due child support. T , 649 . 62 in SKAMANI.	he Division of Child
X All real and perso	onal property of the debtor	named above except Tribal	Trust property.
☐ Only the property	described in the Legal De	escription section above.	
October 13, 2010 Date	Authorize	Ed Representative	<del> </del>
(253) 597-3700	R COPE	3	
Telephone Number	Person to	Contact	
		00010086480	033377340000000432502

FG VER: (1.4)

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