AFN #2011177535 Recorded 01/20/11 at 02:45 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: CHARISE RENEE doing business as:	, also known as or
SSN:xxx-xx-22	295 DOB: <u>12/11/1974</u>
Grantee or Creditor: The Departmen	nt of Social and Health Services (DSHS).
Legal Description:), ()
Assessor's Property Tax Parcel Acce	ount Number:
	nen due, are judgments and accrue to the lien amount. above owes past-due child support. The Division of Child bunt of \$ 554.00 in SKAMANIA County on
X All real and personal property of	the debtor named above except Tribal Trust property.
Only the property described in the	ne Legal Description section above.
January 17, 2011	L KNIGHT
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	L KNIGHT
Telephone Number	Person to Contact
	D0016644720038537430000000702502

In reply, refer to:

Case #: 1664472 2226440 2239158

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3592:01172011/ 1664472 / 4129