AFN #2011178510 Recorded 06/27/2011 at 08:17 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy 0. Todd Skamania County, WA

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: doing business as:	HOLLY M LEONARI	p, also known as or,
	SSN: <u>xxx-xx-711</u>	DOB: 08/24/1982 .
Grantee or Creditor	: The Department	of Social and Health Services (DSHS).
Legal Description:	$\sim$	), ()
Assessor's Property	y Tax Parcel Accou	nt Number:
DSHS claims that the Support (DCS) files	he debtor named ab a lien in the amoun	due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child of \$ 10,031.40 in SKAMANIA County on e debtor named above except Tribal Trust property.
Only the proper	rty described in the	Legal Description section above.
June 22, 2011 Date	· · · · · · · · · · · · · · · · · · ·	J ZIMMER Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100 Telephone Number		J ZIMMER Person to Contact
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In reply, refer to: Case #: 1908074

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 000190807400506996400000000132502

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