AFN #2011178675 Recorded 07/20/2011 at 12:54 PM 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

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:	GREGORIO IVAN I	AYNA-GARCIA, also known as or,
	SSN: XXX-XX-4198	DOB: <u>02/28/1984</u> .
Grantee or Creditor	r: The Department c	of Social and Health Services (DSHS).
Legal Description:), ()
Assessor's Propert	y Tax Parcel Accour	nt Number:
DSHS claims that t	he debtor named ab	due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child t of \$ 1,378.00 in SKAMANIA County on
X All real and per	sonal property of the	e debtor named above except Tribal Trust property.
Only the prope	rty described in the l	egal Description section above.
July 11, 2011	<u>.</u>	S WINBORNE
Date		Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100		S WINBORNE
Telephone Number		Person to Contact

In reply, refer to: Case #: 2276985

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

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