AFN #2011178692 Recorded 07/25/2011 at 10:34 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 Deptor:	ASHLEY J SYVER	, also known as of
doing business as:		· · · · · · · · · · · · · · · · · · ·
	SSN: XXX-XX-594	DOB: <u>02/05/1987</u> .
Grantee or Creditor	: The Department	of Social and Health Services (DSHS).
Legal Description:		
Assessor's Propert	y Tax Parcel Accou	nt Number:
DSHS claims that t	he debtor named ab	n due, are judgments and accrue to the lien amount.  pove owes past-due child support. The Division of Child  it of \$ 2,478.00 in SKAMANIA County on
X All real and per	sonal property of the	e debtor named above except Tribal Trust property.
Only the proper	rty described in the	Legal Description section above.
July 19, 2011		V WHEELER
Date	·	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 664-5000		V WHEELER
Telephone Number		Person to Contact

In reply, refer to: Case #: 2273551

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

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