AFN #2011178914 Recorded 08/24/2011 at 10:55 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

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

NOTICE AND STATEMENT OF LIEN

Grantor of Deptor, MELISSA S BLOO.	, also known as or
doing business as: MELISSA S MCDO	NALD ,
MELISSA BLOUIN	
SSN: <u>xxx-xx-693</u>	DOB: 05/04/1978
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:), (0)
Assessor's Property Tax Parcel Account	nt Number:
DSHS claims that the debtor named ab Support (DCS) files a lien in the amour	due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child it of \$ 1,657.69 in SKAMANIA County on: e debtor named above except Tribal Trust property.
Only the property described in the	
August 22, 2011	J MENDOZA
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100 ,	J MENDOZA
Telephone Number	Person to Contact

In reply, refer to:

Case #: 1550414 2238709

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3592:08222011/ 1550414 / 3081