AFN #2011179106 Recorded 09/26/2011 at 11:26 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

doing business as:	ERNESI O GARCI	A	-	, also known as or
doing business as.			_	
	SSN: <u>xxx-xx-803</u>	14.	DOB: 10/07/1974	
Grantee or Creditor	r: The Department	of Social and He	alth Services (DSHS).	- 1
Legal Description:	\sim),	-(C	13
Assessor's Propert	y Tax Parcel Accou	nt Number:		
DSHS claims that t		oove owes past-o	ents and accrue to the lue child support. The 00 in SKAMANIA	Division of Child
X All real and per	sonal property of th	e debtor named	above except Tribal T	rust property.
☐ Only the proper	rty described in the	Legal Description	section above.	
September 22, Date	2011	J DEMICH Authorized Represe DIVISION OF CHILL		
(360) 696-6100		J DEMICH	·	·
Telephone Number		Person to Contact		

In reply, refer to: Case #: 2022162

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

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