AFN #2012180026 Recorded 02/09/2012 at 11:50 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

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

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

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: LEONARD JAMES	QUENELLE also known as o	r
doing business as:		Ь
•		_
SSN: <u>xxx-xx-521</u>	.9 DOB: <u>10/11/1987</u> .	
Grantee or Creditor: The Department	of Social and Health Services (DSHS).	
Legal Description:		
Assessor's Property Tax Parcel Accou	int Number:	
	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 988.00 in SKAMANIA County	
X All real and personal property of the	ne debtor named above except Tribal Trust property.	
☐ Only the property described in the	Legal Description section above.	
February 07, 2012 Date	J DEMICH Authorized Representative	
(360) 696-6100	DIVISION OF CHILD SUPPORT  J. DEMICH	
Telephone Number	Person to Contact	
In reply, refer to: Case #: 2319628	000231762600360046300000000022502	

FG VER: (1.4) 3520:02072012/ 2319628 / 3520