AFN #2012180333 Recorded 03/26/2012 at 12:08 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

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: doing business as:	TIFFINI E FRESIA		, also known as or
	SSN: <u>xxx-xx-2301</u>	DOB: <u>10/02/1971</u>	4-5-
Grantee or Creditor	: The Department of Soc	ial and Health Services (DSHS).	
Legal Description:		$\mathcal{C}(\mathcal{O})$	
Assessor's Property	/ Tax Parcel Account Nur	nber:	
DSHS claims that the		are judgments and accrue to the wes past-due child support. The 650.00 in SKAMANIA	
X All real and per	sonal property of the debt	or named above except Tribal T	rust property.
		Description section above.	11
March 20, 2012	J DE	MICH	1 /
Date		ized Representative ON OF CHILD SUPPORT	
(360) 696-6100		MICH	
Telephone Number	Persor	n to Contact	42967600000000042502
In reply, refer to: Case #: 2280089			
			G VER: (1.4) 520:03202012/

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