AFN #2012180455 Recorded 04/12/2012 at 01:42 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

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: ELIZZ	BETH A SAUER-DAVIS	S	, also known as or
doing business as: ELIZA	ABETH A SAUER		
		V .	
SSN:	XXX-XX-4845	DOB: <u>07/27/1</u> 969	
Grantee or Creditor: The	Department of Social ar	nd Health Services (DSHS)	
Legal Description:		٠. (١)	•
	- 63		
Assessor's Property Tax I	Parcel Account Number:		<u> </u>
	tor named above owes	udgments and accrue to the past-due child support. The 26.00 in SKAMANIA	e Division of Child
	property of the debtor na cribed in the Legal Desc	amed above except Tribal T	rust property.
April 06, 2012 Date		Y Representative F CHILD SUPPORT	,
(425) 438-4800 Telephone Number	S WORTHY Person to Co		
In reply, refer to:		0002217984004	U9U41/UUUUUUUUU0232502 == =

Case #: 2217984

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

FG VER: (1.4) 4467:04062012/ 2217984 / 4467