AFN #2012180966 Recorded 06/28/2012 at 11:30 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: RANI M DOUGLA	SS	_, also known as or
doing business as:		
SSN: xxx-xx-78	31 DOB: 03/22/1975	
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		
Assessor's Property Tax Parcel Accord	unt Number:	4 .
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amount	en due, are judgments and accrue to the above owes past-due child support. The int of \$ 3,979.05 in SKAMANIA	e Division of Child
All real and personal property of the debtor named above except Tribal Trust property.  Only the property described in the Legal Description section above.		
<u>June 25, 2012</u> Date	M HOUX Authorized Representative DIVISION OF CHILD SUPPORT	<del>)                                    </del>
(206) 341-7000 Telephone Number	M HOUX Person to Contact	
In reply, refer to: Case #: 2119418 2384429	0002119418003	90910600000000142502

FG VER: (1.4) 4629:06252012/ 2119418 / 4629