AFN #2012181446 Recorded 09/05/2012 at 04:30 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:	KORINN MICHELLE SCHROEDER				, also known as or
doing business as:				A /	
	SSN : <u>XXX-XX-459</u>	3	DOB:	03/08/1974	
Grantee or Credito	r: The Department	of Social and He	alth Ser	vices (DSHS).	
Legal Description:		c Ci		U	•
Assessor's Proper	ty Tax Parcel Accou	nt Number:		<u> </u>	
DSHS claims that	nents, not paid wher the debtor named at s a lien in the amour	ove owes past-	due chile		
X All real and pe	rsonal property of th	e debtor named	above e	except Tribal T	rust property.
☐ Only the property described in the Legal Description section above.					
September 01,	2012	J DEMICH			, -
Date	— ,	Authorized Represe		ORT	
(360) 696-6100)	J DEMICH			
Telephone Number	1	Person to Contact	7		*
V	' (00022182170046	33813500000000392502
In reply, refer to: Case #: 2218217	7		7		
Cu36 π. 2210217				FG	S VER: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 3520:09012012/ 2218217 / 3520