AFN #2012182048 Recorded 11/15/2012 at 12:24 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: ROSALINA TORRE	S CASTILLO	, also known as or
doing business as: ROSALINA C TOP	RES	
ROSALINA CASTI		177
SSN: <u>xxx-xx-660</u>	DOB: 09/18/1	962
Grantee or Creditor: The Department	of Social and Health Services (DS	SHS).
Legal Description:		
Assessor's Property Tax Parcel Accou	nt Number:	4
Child support payments, not paid when DSHS claims that the debtor named a Support (DCS) files a lien in the amount. All real and personal property of the Only the property described in the	ove owes past-due child support nt of \$ <u>793 40</u> in <u>SKAM</u> ne debtor named above except Tri	The Division of Child ANIA County on:
November 09, 2012	K STROBEL	
Date	Authorized Representative DIVISION OF CHILD SUPPORT	7
(425) 438-4800	K STROBEL	
Telephone Number	Person to Contact	
In really refer to	00023966	5000021845590000000012502
In reply, refer to: Case #: 2396600		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 2285:11092012/ 2396600 / 2285