AFN #2012182161 Recorded 12/03/2012 at 12:10 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 OLIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: L	ORI KAY HOLBERT		, also known as or
doing business as:			
S	SSN: <u>xxx-xx-1797</u>	DOB: 10/23/1970	
Grantee or Creditor:	The Department of So	cial and Health Services (DSHS)	
Legal Description:	•	$\mathcal{C}(\mathcal{O})$	
Assessor's Property	Tax Parcel Account Nu	mber:	
DSHS claims that the		, are judgments and accrue to the owes past-due child support. The 600.00 in SKAMANIA	Division of Child
_		otor named above except Tribal T I Description section above.	rust property.
November 19, 20	12 S M	ORRIS	
Date	Autho	orized Representative SION OF CHILD SUPPORT	
(425) 438-4800	S M	ORRIS	.
Telephone Number	Pers	on to Contact	
	(0002395016001	54203200000000382502
In reply, refer to: Case #: 2395016	7		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3596:11192012/ 2395016 / 3596