AFN #2013000690 Recorded 04/08/2013 at 11:05 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: SHAWNA E ARTHU	JR , also known as or
doing business as:	
<b>SSN</b> : <u>xxx-xx-95</u>	DOB: <u>12/02/1976</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accou	ınt Number:
Child support payments, not paid whe DSHS claims that the debtor named a Support (DCS) files a lien in the amount of the support (DCS) files a lien in the amount of the support (DCS) files a lien in the support	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 880.00 in SKAMANIA County on:
All real and personal property of the	ne debtor named above except Tribal Trust property.
☐ Only the property described in the	
April 02, 2013	J DEMICH
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	J DEMICH
Telephone Number	Person to Contact
In reply, refer to: Case #: 2416484	00024164840054646540000000092502

FG VER: (1.4)

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