AFN #2013001017 Recorded 05/13/2013 at 01:07 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: MIGUEL ANGEL Z | UNIGA | , also known as or |
|--|--|--|
| doing business as: MIGUEL ANGEL Z | ZUNIGA HERNANDEZ | |
| MIGUEL A ZUNIO | SA HERNANDEZ | |
| SSN: <u>xxx-xx-12</u> 7 | DOB: 01/09/1978 | |
| 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 when DSHS claims that the debtor named all Support (DCS) files a lien in the amount | n due, are judgments and accrue to the bove owes past-due child support. The nt of \$ 301 29 in SKAMANIA | e lien amount. e Division of Child County on |
| X All real and personal property of the | ne debtor named above except Tribal T | rust property. |
| $\hfill \square$ Only the property described in the | | 4 |
| May 08, 2013 | R ETHINGTON | |
| Date | Authorized Representative DIVISION OF CHILD SUPPORT | |
| (509) 363-5000 | R ETHINGTON | • |
| Telephone Number | Person to Contact | |
| In reply, refer to: Case #: 2423764 | 00024237640060 | 4751900000000112502 |

NOTICE AND STATEMENT OF DSHS 09-282 (REV. 08/2001)

FG VER: (1.4) 4071:05082013/ 2423764 / 4071