AFN #2013001203 Recorded 06/03/2013 at 12:53 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

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: AR	RMANDO M MARISCAL		, also known as or
doing business as:			
SS	SN: <u>xxx-xx-6204</u>	DOB: <u>05/05/1986</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).			
Legal Description:	c C	MO,	
Assessor's Property Tax Parcel Account Number:			
DSHS claims that the	nts, not paid when due, are judged debtor named above owes past lien in the amount of \$ 798.41	t-due child support. The	
All real and personal property of the debtor named above except Tribal Trust property. Only the property described in the Legal Description section above.			
May 29, 2013	V EDWARDS		
Date	Authorized Repre		
(253) 597-3700	V EDWARDS		
Telephone Number	Person to Contac	x	*
In reply, refer to:		00023063070030	3336300000000072502
Case #: 2306307			
			SVER: (1.4) 71.7:05202013/

FG VER: (1.4) 4717:05292013/ 2306307 / 4717