AFN #2013001237 Recorded 06/10/2013 at 11:38 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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: ANGELA NICHOL	E MCDANNELL , also known as or
doing business as:	
SSN: <u>xxx-xx-58</u>	76 DOB: 09/13/1983 .
Grantee or Creditor: The Departmen	t of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Acco	unt Number:
	en due, are judgments and accrue to the lien amount. above owes past-due child support. The Division of Child unt of \$ 1,980.00 in SKAMANIA County on:
All real and personal property of	the debtor named above except Tribal Trust property.
☐ Only the property described in th	e Legal Description section above.
June 04, 2013	C QUICK
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(425) 438-4800	C QUICK
Telephone Number	Person to Contact
In reply, refer to:	0002371372V01222V67V0000000032302 ======
Case #: 2391572	

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

FG VER: (1.4) 4984:06042013/ 2391572 / 4984