AFN #2013002015 Recorded 09/11/2013 at 08:21 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: COI	REY LEE RANSIER		, also known as or
doing business as:			
SS	N: <u>xxx-xx-8876</u>	DOB: <u>01/22/</u> 1986	4 1
Grantee or Creditor: T	he Department of Social a	and Health Services (DSHS)	
Legal Description:			
			*
Assessor's Property Ta	ax Parcel Account Numbe	r:	4
Child support payment	s, not paid when due, are	judgments and accrue to the	e lien amount.
DSHS claims that the o	lebtor named above owes	past-due child support. Th	e Division of Child
Support (DCS) files a li	en in the amount of $\frac{1}{1}$	250.24 in SKAMANIA	
X All real and person	al property of the debtor r	amed above except Tribal 1	rust property
	lescribed in the Legal Des		roporty.
A 48	location in the Legal Des	onplion section above.	3 /
August 30, 2013	J DEMIC		
Date	Authorized DIVISION (Representative DF CHILD SUPPORT	
(360) 696-6100	J DEMIC		
Telephone Number	Person to C	Contact	•
N	- //		
		0001892150005	20839800000000542502
In reply, refer to: Case #: 1892150 2	052240		
Oase #. 1072130 2	JJ44U		

FG VER: (1.4) 3520:08302013/ 1892150 / 3520