AFN #2013002085 Recorded 09/23/2013 at 03:31 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

	BENJAMIN JOSIAH MENA		, also known as or	
doing business as:				
:	SSN: <u>xxx-xx-5638</u>	D	OB: <u>09/12/1977</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		Ç١	(\mathcal{O})	
Assessor's Property Tax Parcel Account Number:				
Child support payments, not paid when due, are judgments and accrue to the lien amount. DSHS claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 2,780.00 in SKAMANIA County on:				
All real and personal property of the debtor named above except Tribal Trust property.				
Only the property described in the Legal Description section above.				
September 14,	<u>к я</u>	SAUNDERS		
Date		norized Representa ISION OF CHILD S		
(425) 438-4800 Telephone Number		SAUNDERS son to Contact	-	
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In reply, refer to: Case #: 2177387	``			
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FG VER: (1.4) 354:09142013/ 2177387 / 354