AFN #2013002350 Recorded 10/28/2013 at 02:05 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

	DANIEL L MARTINEZ		, also known as or	
doing business as:				
	0011			
	SSN: <u>XXX-XX-881</u>	.1	DOB: <u>10/09/1980</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		دنک		
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 \$ 34,054.08 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.				
October 23, 20		R SHADDOX) /
Date		Authorized Represe		
(360) 696-6100		R SHADDOX		
Telephone Number		Person to Contact		
In reply, refer to: Case #: 1743684	2204691		00017436840049	95250400000000132502

FG VER: (1.4) 273:10232013/ 1743684 / 273