AFN #2013002393 Recorded 10/31/2013 at 12:54 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

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: RACHEL	L OSBORNE	, also known as or
doing business as:		\rightarrow
SSN: XX	X-XX-1125 D	OB: <u>11/14/1989</u> .
Grantee or Creditor: The D	epartment of Social and Health	h Services (DSHS).
Legal Description:	CC)	
Assessor's Property Tax Pa	rcel Account Number:	4
DSHS claims that the debto	t paid when due, are judgment r named above owes past-due the amount of \$ 8,317.75	ts and accrue to the lien amount. e child support. The Division of Child in SKAMANIA County on:
All real and personal pro	operty of the debtor named ab	ove except Tribal Trust property.
☐ Only the property descr	ibed in the Legal Description s	ection above.
October 24, 2013 Date	R VARNER Authorized Representa DIVISION OF CHILD S	
(425) 438-4800	R VARNER	
In reply, refer to:	Person to Contact	00021603060036578540000000092502

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4936:10242013/ 2160306 / 4936