AFN #2013002601 Recorded 12/03/2013 at 12:21 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

Grantor or Debtor:	MAMADOU S DIAL	JO , also known as or
doing business as:		
	SSN: <u>xxx-xx-406</u>	DOB: <u>01/06/1983</u> .
Grantee or Credito	r: The Department	of Social and Health Services (DSHS).
Legal Description:		
Assessor's Propert	ty Tax Parcel Accou	nt 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 \$ 546.00 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.		
November 23, 2	, , ,	C VASQUEZ
Date 23, 2	15	Authorized Representative DIVISION OF CHILD SUPPORT
(206) 341-7000		C VASQUEZ
Telephone Number	/	Person to Contact
V		00023262030058912630000000062502
In reply, refer to: Case #: 2326203		
Case #. 2326203		FG VER: (1.4)
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FG VER: (1.4) 4494:11232013/ 2326203 / 4494