AFN #2014000492 Recorded 03/24/2014 at 04:53 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

Date Authorized Representative DIVISION OF CHILD SUPPORT A FEDDERSEN Telephone Number Person to Contact In reply, refer to: Case #: 2439229 2439235 2439240 2439245	Grantor or Debtor: MARY KAY LINTALA			, also known as or
Grantee or Creditor: The Department of Social and Health Services (DSHS). Legal Description: 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 \$ 2,238.70 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. March 19, 2014 Date A FEDDERSEN Authorized Representative DIVISION OF CHILD SUPPORT (509) 886-6800 Telephone Number Person to Contact In reply, refer to: Case #: 2439229 2439235 2439240 2439245	doing business as:			
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2437243	In reply, refer to:	Person to Contact	00024392290060	7143900000000082502
	Case #: 2439229 2439235 2439	240 2439245		NED. (4.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 1182:03192014/ 2439229 / 1182