AFN #2014000494 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

	JAIME GUERMO M	IARR	, also known as or
doing business as:			
	SSN: <u>xxx-xx-979</u>	99 DOB: <u>(</u>	
Grantee or Credito	r: The Department	of Social and Health Sen	rices (DSHS).
Legal Description:			J'
Assessor's Propert	y Tax Parcel Accou	int Number:	4 .
DSHS claims that t Support (DCS) files	he debtor named als a lien in the amou	pove owes past-due child nt of \$ 4,747.20	accrue to the lien amount. support. The Division of Child in SKAMANIA County on:
			ccept Tribal Trust property.
Only the proper	rty described in the	Legal Description section	above.
March 16, 2014 Date	(-)	D FALKNER Authorized Representative DIVISION OF CHILD SUPPOR	DT
(360) 696-6100		D FALKNER	· _
Telephone Number	-	Person to Contact	
In rouly refer to			000204299700543724300000000102502
In reply, refer to: Case #: 2042997			

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4356:03162014/ 2042997 / 4356