AFN #2014000540 Recorded 04/02/2014 at 10:32 AM 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:	EDUARDO DOMING	UEZ		, also known as or
doing business as:				
	SSN: <u>xxx-xx-970</u>	6	DOB: <u>03/24/1974</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		دنک		
Assessor's Property Tax Parcel Account Number:				
	he debtor named ab	ove owes past-o	ents and accrue to the due child support. The o in SKAMANIA	e Division of Child
_			above except Tribal T	rust property.
☐ Only the property described in the Legal Description section above.				
March 25, 2014		C BAILEY		
Date	<b>*</b>	Authorized Represe DIVISION OF CHILL		
(360) 696-6100		C BAILEY	W 1 '	
Telephone Number		Person to Contact		
	(		0002408525000	979461000000000
In reply, refer to: Case #: 2408526			333213332000	

FG VER: (1.4)

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