AFN #2014000875 Recorded 06/02/2014 at 04:30 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: ALICIA LEE SLI	CK , also known as or
doing business as: ALICIA LEE NAS	OH .
ALICIA L STICK	
SSN: <u>xxx-xx-594</u>	DOB: 08/31/1984
Grantee or Creditor: The Department of Social and Health Services (DSHS).	
Legal Description:	
Assessor's Property Tax Parcel Account	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 \$ 2,098.00 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.	
May 27, 2014	k orman
Date	Authorized Representative DIVISION OF CHILD SUPPORT
(509) 363-5000	K ORMAN
Telephone Number	Person to Contact
In reply, refer to:	00024953180056413860000000062502
Case #: 2495318 2496978	
	EC VED: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 3308:05272014/ 2495318 / 3308