AFN #2014000972 Recorded 06/17/2014 at 04:08 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: SHANNON M DOT	y , also known as or
doing business as:	
SSN:xxx-xx-00	DOB: 01/09/1974 .
Grantee or Creditor: The Departmen	t of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Acco	ount Number:
DSHS claims that the debtor named Support (DCS) files a lien in the amo	
All real and personal property of	the debtor named above except Tribal Trust property.
Only the property described in the	e Legal Description section above.
<u>June 07, 2014</u> Date	J_DEMICH Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100	J DEMICH
Telephone Number	Person to Contact
	000147520100446713000000000000000000000000000000000000
In reply, refer to: Case #: 1475201	

FG VER: (1.4)

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1475201 / 3520