AFN #2014001082 Recorded 07/01/2014 at 11:44 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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: CHRISTA NATALIZ	A STEWART , also known as or
doing business as:	
SSN : <u>xxx-xx-760</u>	1DOB: <u>12/23/1983</u> .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account	nt Number:
	n due, are judgments and accrue to the lien amount. nove owes past-due child support. The Division of Child tt of \$ 868.40 in SKAMANIA County on:
All real and personal property of th Only the property described in the	e debtor named above except Tribal Trust property. Legal Description section above.
June 24, 2014 Date	E PATTON Authorized Representative DIVISION OF CHILD SUPPORT
(425) 438-4800	E PATTON
Telephone Number	Person to Contact
	000249153100471722990000000082502
In reply, refer to: Case #: 2491531	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3912:06242014/ 2491531 / 3912