AFN #2014001257 Recorded 08/04/2014 at 12:52 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: 1	INDA LEA CROUS	E , also known as or
doing business as: I	INDA L CROUSE	
Ī	LINDA A CROUSE	
•	SSN: <u>xxx-xx-</u> 5367	DOB: <u>10/06/1954</u> .
Grantee or Creditor:	The Department o	f Social and Health Services (DSHS).
Legal Description:		
Assessor's Property	Tax Parcel Accoun	it 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 \$ 379.81 in SKAMANIA County on:		
X All real and pers	onal property of the	e debtor named above except Tribal Trust property.
☐ Only the property described in the Legal Description section above.		
July 30, 2014		T KUSLER
Date		Authorized Representative DIVISION OF CHILD SUPPORT
(509) 363-5000	<u>. </u>	T KUSLER
Telephone Number	/	Person to Contact
		00025054140061715090000000012502
In reply, refer to: Case #: 2505414		
∪ase #. ∠sus414		FG VER: (1.4)
		2525.07202044/

FG VER: (1.4) 2525:07302014 2505414 / 9