AFN #2014001488 Recorded 09/03/2014 at 05:06 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: AMBROSIA M ROD	RIGUEZ		, also known as or
doing business as:		<del></del>	
SSN: xxx-xx-790	3	DOB: <u>10/12/1985</u>	
Grantee or Creditor: The Department	of Social and Hea	alth Services (DSHS).	
Legal Description:	دنک		<b>&gt;</b>
Assessor's Property Tax Parcel Accou	nt Number:	<u> </u>	
Child support payments, not paid wher DSHS claims that the debtor named at Support (DCS) files a lien in the amour	oove owes past-d	lue child support. The	
X All real and personal property of th	e debtor named	above except Tribal T	rust property.
☐ Only the property described in the	400		A
August 28, 2014  Date	H HARRIS Authorized Represe		
(509) 363-5000	H HARRIS	J JOH T OKT	h
Telephone Number	Person to Contact		
In reply, refer to:	U	00024032960022	1112400000000412502
Case #: 2403296		F/	S.VED: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 1281:08282014/ 2403296 / 2350