AFN #2014001524 Recorded 09/08/2014 at 02:00 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: KORI MARKUS KI	ONMEYER , also known as or
doing business as:	
SSN: <u>xxx-xx-56</u>	DOB: 01/17/1990 .
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accord	int Number:
DSHS claims that the debtor named a	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 5,283.74 in SKAMANIA County on:
All real and personal property of to Only the property described in the	ne debtor named above except Tribal Trust property. Legal Description section above.
September 03, 2014 Date	T SCHUKNECHT Authorized Representative DIVISION OF CHILD SUPPORT
(509) 249-6000	T SCHUKNECHT
Telephone Number	Person to Contact
In reply refer to:	00023761690022536970000000142502
in teniv teter to:	

In reply, refer to: Case #: 2376169 2461021

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4894:09032014/ 2376169 / 4894