AFN #2014002024 Recorded 11/24/2014 at 03:39 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: JAMIE C SATTERTHWAITE				, also known as or
doing business as:			-	
<u>-</u>				7/3
	SSN: <u>xxx-xx-016</u>	6 D	OB: <u>01/07/1991</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		C		
Assessor's Property Tax Parcel Account Number:				
Child support paymed DSHS claims that the Support (DCS) files	ne debtor named at	oove owes past-due		
All real and personal property of the debtor named above except Tribal Trust property.				
Only the property described in the Legal Description section above.				
November 17, 20 Date (509) 374-2000	014	V RASMUSSEN Authorized Representa DIVISION OF CHILD S		Υ.
Telephone Number		V RASMUSSEN Person to Contact		
In reply, refer to:	,	, steam to contact	00024789040058	1983400000000102502
Case #: 2478904	2433541			
			FG	i VER: (1.4)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) 4360:11172014/ 2478904 / 4360