AFN #2014002060 Recorded 12/01/2014 at 01:36 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: GABRIELLI	E V SHAUL		, also known as or
doing business as:	700		
SSN: <u>xxx-</u>	XX-5084	DOB: <u>03/07/1993</u>	<u> </u>
Grantee or Creditor: The Department	artment of Social a	and Health Services (DSHS)	
Legal Description:	es		
Assessor's Property Tax Parce	Account Numbe	ri	4.
Child support payments, not pa DSHS claims that the debtor na Support (DCS) files a lien in the All real and personal prope	amed above owes e amount of \$ 2,	past-due child support. The	e Division of Child County on:
☐ Only the property described	d in the Legal Des	scription section above.	
November 22, 2014	F PEAK		, ,
Date		Representative OF CHILD SUPPORT	
(253) 597-3700	F PEAK		
Telephone Number	Person to 0	Contact	_
		0002450550003	
In reply, refer to:	7	00024300300036	33V3V6VUUUUUUUUUUUU

NOTICE AND STATEMENT OF LIEN

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 1896:11222014/ 2450850 / 1896