AFN #2014002313 Recorded 12/29/2014 at 03:16 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

doing business as: KERRIELLEN MYERS KERRIELLEN HARRIS SSN: XXX-XX-6247 DOB: 02/10/1979 Grantee or Creditor: The Department of Social and Health Services (DSHS). Legal Description: Assessor's Property Tax Parcel Account 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 \$ 23,354.33 in SKAMANIA County on: All real and personal property of the debtor named above except Tribal Trust property. Only the property described in the Legal Description section above. December 22, 2014 Date J HATFIELD Authorized Representative DIVISION OF CHILD SUPPORT (360) 696-6100 J HATFIELD
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Telephone Number Person to Contact
000160707700471411100000000282502
In reply, refer to: Case #: 1607077 1899069
FG VER: (1.4)

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