AFN #2014002317 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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Dobtor	ANGELINA LUCIN	הא דרטפאוספסר		oloo known oo or
				, also known as or
doing business as.	ANGELINA L BAT			
	ANGELINA L DE			
	SSN: <u>xxx-xx-464</u>	0	DOB: <u>06/19/1980</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		c Ci		
Assessor's Propert	y Tax Parcel Accou	nt Number:		<u> </u>
DSHS claims that the Support (DCS) files All real and per	he debtor named al s a lien in the amour	oove owes past-ont of \$ 3,889.6 ne debtor named	above except Tribal T	Division of Child County on:
December 22, 2	014	J CLEVELAND		
Date	1	Authorized Represe		
(425) 438-4800		J CLEVELAND	V 1 '	
Telephone Number		Person to Contact		
	,		00022495340053	.858860000000132502
In reply, refer to: Case #: 2249534	2327326			
UGUUT #. 4447534	4341340			

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

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