AFN #2015000009 Recorded 01/06/2015 at 11:22 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Robert J. Waymire 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: J	ENNIFER M JIMENEZ	R M JIMENEZ	
doing business as:			, also known as or
SS	SSN:xxx-xx-3377	DOB: 09/02/1971	
Grantee or Creditor:	The Department of Social and	Health Services (DSHS)	
Legal Description:	e Si		•
Assessor's Property	Tax Parcel Account Number: _		4
Support (DCS) files a  All real and person	nts, not paid when due, are jude debtor named above owes parties in the amount of \$\frac{1,655}{1,655}\$  Common property of the debtor named described in the Legal Description.	ast-due child support. The 9.71 in SKAMANTA ned above except Tribal T	e Division of Child  County on:
December 29, 2014 Date		LL	) 1
(360) 696-6100 Telephone Number		CHILD SUPPORT LL	
In reply, refer to:		00020505380046	4231100000000272502
Caca #: aararaa			

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 270:12292014/ 2050538 / 270