AFN #2015000114 Recorded 01/26/2015 at 04:03 PM 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

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

Grantor or Debtor: doing business as:	ELISABETH NAOMI	HINRICH		, also known as or
doing business as.			+ -	
•	SSN: <u>xxx-xx-189</u>	9	DOB: <u>12/11/1978</u>	
Grantee or Creditor	: The Department o	of Social and Hea	alth Services (DSHS).	
Legal Description:		Ç,		•
Assessor's Property	/ Tax Parcel Accour	nt Number:		4
DSHS claims that the	ents, not paid when ne debtor named ab a lien in the amoun	ove owes past-d	ents and accrue to the lue child support. The in SKAMANIA	e lien amount. Division of Child County on:
			above except Tribal T	rust property.
Unity the proper	ty described in the L	_egal Description	n section above.	1 1
January 18, 20 Date	<u> </u>	M MCGUIRE Authorized Represe DIVISION OF CHILE		
(253) 597-3700		M MCGUIRE		
Telephone Number	(Person to Contact		
In reply, refer to: Case #: 2525731			00025257510048	300120000000132302

FG VER: (1.4)

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