AFN #2015000225 Recorded 02/09/2015 at 02:29 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

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

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	EMILY SUE RISL	EY , also known as or
doing business as:		
		,
	SSN: <u>xxx-xx-877</u>	DOB: <u>11/12/1993</u> .
Grantee or Credito	r: The Department	of Social and Health Services (DSHS).
Legal Description:		
Assessor's Proper	ty Tax Parcel Accou	int Number:
DSHS claims that	nents, not paid whe the debtor named a s a lien in the amou	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 888.00 in SKAMANIA County on:
_		ne debtor named above except Tribal Trust property.
☐ Only the property described in the Legal Description section above.		
February 04, 2	015	V HENRY
Date	<u>_</u> ,	Authorized Representative DIVISION OF CHILD SUPPORT
(509) 363-5000)	V HENRY .
Telephone Number		Person to Contact
V	(000252465700331842800000000022502
In reply, refer to:		

Case #: 2524657

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

FG VER: (1.4) 4394:02042015/ 2524657 / 4394