AFN #2015000998 Recorded 05/28/2015 at 12:54 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: AMBER R TROSP	PER	, also known as or
doing business as:		
<u> </u>		
SSN:xxx-xx-60	067 DOB: 04/30/1986 F	EIN:
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:	123	
Assessor's Property Tax Parcel Acco	ount Number:	4.
Child support payments, not paid who claims that the debtor named above (DCS) files a lien in the amount of \$ 2 All real and personal property of	owes past-due child support. 745.94 in SKAMANIA	The Division of Child Support County on:
☐ Only the property described in th	e Legal Description section ab	ove.
May 18, 2015	H STILES	<u> </u>
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(206) 341-7000 TELEPHONE NUMBER	H STILES PERSON TO CONTACT	
In reply, refer to case numbers: 2497088	*************************************	024970880016391340000000352502

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.6) 4966:05182015/ 2497088 / 4966