AFN #2015001005 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

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012)

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

## **Notice and Statement of Lien**

Grantor or Debtor: SKY	NIGHT WARD			, also known as or
doing business as:			<u> </u>	
			Y , 9	
SSN:	XXX-XX-6293 DC	B: <u>12/13/1986</u>	_ FEIN:	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:			<u>ر</u> ر	
Assessor's Property Tax Parcel Account Number:				
Child support payments, claims that the debtor nar (DCS) files a lien in the at	ned above owes pas mount of \$ 1,740.4	st-due child support	rt. The Divisio	n of Child Support County on:
All real and personal Only the property des				ust property.
May 18, 2015	м неі	SHAM		, ,
DATE		RIZED REPRESENTA ON OF CHILD SUPPOR		
(360) 696-6100 TELEPHONE NUMBER	M HEI	SHAM N TO CONTACT	_	
In reply, refer to case nun 2453147	nbers:		000245314700605	296700000000052502
			FG	VER: (1.6)

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