AFN #2015001171 Recorded 06/16/2015 at 03:36 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: CHELSEE L JOI	HNSON	, also known as or
doing business as:		-(_A_V
SSN:xxx-xx-0	669 DOB : 05/04/1995 FEIN	
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:	Cil	
Assessor's Property Tax Parcel Account Number:		
Child support payments, not paid who claims that the debtor named above (DCS) files a lien in the amount of \$	owes past-due child support. The	to the lien amount. DSHS Division of Child Support County on:
_	f the debtor named above except The Legal Description section above	
<u>June 09, 2015</u> DATE	A SPENCER AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	V -
(425) 438-4800 TELEPHONE NUMBER	A SPENCER PERSON TO CONTACT	
In reply, refer to case numbers: 2549909	000254	99090039218840000000062502
		FG VER: (1.6)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) 565:06092015/ 2549909 / 565