AFN #2015001370 Recorded 07/06/2015 at 04:37 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 HIGHP	INE	, also known as or
doing business as: AMBER ROSE HIG	GH-PINE	
SSN: <u>xxx-xx-02</u>	16 DOB: 12/24/1978 I	FEIN:
Grantee or Creditor: The Department	of Social and Health Service	es (DSHS).
Legal Description:		
Assessor's Property Tax Parcel Accou	unt Number:	4 .
Child support payments, not paid whe claims that the debtor named above o (DCS) files a lien in the amount of \$ 2	wes past-due child support. ,533.55 in SKAMANI	The Division of Child Support County on:
All real and personal property of the		
Only the property described in the	Legal Description section at	oove.
June 29, 2015	R SHADDOX	
DATE	AUTHORIZED REPRESENTATIV DIVISION OF CHILD SUPPORT	E
(360) 696-6100	R SHADDOX	3 /
TELEPHONE NUMBER	PERSON TO CONTACT	
In reply, refer to case numbers:		0023968930052160800000000192502
2396893		
		FG VER: (1.8) 273:06292015/
		Z13.00Z9Z013/

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

2396893 / 273