AFN #2015001461 Recorded 07/20/2015 at 12:42 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: TAMMY LYNN BA	NTZ	, also known as or
doing business as: TAMMY L COX-B	ANTZ	-7 / >
TAMMY LYNN CO	X	7 7 7
SSN: <u>xxx-xx-59</u>	DOB: 12/28/1968	FEIN:
Grantee or Creditor: The Departmen	t of Social and Health Service	ces (DSHS).
Legal Description:	1123	7
Assessor's Property Tax Parcel Acco	unt Number:	4
Child support payments, not paid who claims that the debtor named above (DCS) files a lien in the amount of \$ 2	owes past-due child support.	. The Division of Child Support
All real and personal property of t	he debtor named above exc	cept Tribal Trust property
☐ Only the property described in the		
<u>July 10, 2015</u> DATE	J KUK AUTHORIZED REPRESENTATION OF CHILD SUPPORT	
(360) 696-6100	J KUK	
TELEPHONE NUMBER	PERSON TO CONTACT	
In reply, refer to case numbers:		00016034030047112470000000102502 *** ** **
1605405		
NOTICE AND STATEMENT OF LIEN		FG VER: (1.8) 1026:07102015/

DSHS 09-282 (REV. 07/2012)

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