AFN #2015001653 Recorded 08/10/2015 at 12:32 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: NICOLE BRYDEN		, also known as or
doing business as:		T A
SSN: <u>xxx-xx-67</u>	34 DOB: 08/29/1980 FEIN	
Grantee or Creditor: The Department of Social and Health Services (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 \$ 3	wes past-due child support. The ,379.54 in SKAMANIA	Division of Child Support County on:
All real and personal property of the		
☐ Only the property described in the	Legal Description section above	
August 04, 2015	S GARBE	
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	<b>T</b>
(509) 363-5000 TELEPHONE NUMBER	S GARBE PERSON TO CONTACT	
In reply, refer to case numbers: 2426314 2482247	000242	263140026457460000000062502
		TO 1/TO 14 01

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

FG VER: (1.8) 530:08042015/ 2426314 / 530