AFN #2015001902 Recorded 09/09/2015 at 03:55 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: ELIZABETH M ODELL				also known as or
doing business as:	LIBBY ODELL		_ /	
	LIBBY NEECE		Y P	
	SSN: <u>XXX-XX-2395</u>	DOB: 01/19/1981	FEIN:	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:			ر,	
Assessor's Property Tax Parcel Account Number:				
Child support payments, not paid when due, are judgments and accrue to the lien amount. DSHS claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 1,837.00 in SKAMANIA County on:				
All real and personal property of the debtor named above except Tribal Trust property.				
Only the property described in the Legal Description section above.				
September 02,	2015 T	' HANKE		, ,
DATE	Ā	UTHORIZED REPRESENTA IVISION OF CHILD SUPPOR		
(360) 696-6100		HANKE		
TELEPHONE NUMBER	- P	ERSON TO CONTACT		
In reply, refer to ca			0001820891003309	15200000000422502
1820891 18234	107 2535659 25629	932		

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 3939:09022015/ 1820891 / 3939