AFN #2015001949 Recorded 09/21/2015 at 03:11 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

LAYNA		, also known as or
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98 DOB: 02/28/1984	_ FEIN:	
of Social and Health Serv	ices (DSHS).	
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unt Number:		4
n due, are judgments and	accrue to the	lien amount. DSHS
		n of Child Support
,401.40 in SKAMA	NIA	County on:
ne debtor named above ex	cept Tribal Tr	ust property.
Legal Description section	above.	
J BOLVIN		1 -
AUTHORIZED REPRESENTA		
DIVISION OF CHILD SUPPOF	₹	
J BOLVIN		
PERSON TO CONTACT	_	-
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	of Social and Health Servent Number:  In due, are judgments and wes past-due child support, 401, 40 in SKAMA are debtor named above expected Description section  J BOLVIN  AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR	of Social and Health Services (DSHS).  unt Number:  n due, are judgments and accrue to the wes past-due child support. The Divisio ,401.40 in SKAMANIA  ne debtor named above except Tribal Tribe Legal Description section above.  J BOLVIN  AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT J BOLVIN

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 1910:09152015/ 2276985 / 1910