AFN #2015002512 Recorded Nov 23, 2015 01:22 PM DocType: CHILD Filed by: Page: 1 of 1 File Fee: \$0.00 Auditor Robert J. Waymire Skamania County, WA

DIVISION OF CHILD SUPPORT PO BOX 11520 TACOMA WA 98411-5520

Grantor or Debtor: KIALIE N STARR

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

Notice and Statement of Lien

doing business as: KYLIE NICHOLE S	STARR ,
	· · · · · · · · · · · · · · · · · · ·
SSN: <u>xxx-xx-224</u> 8	3DOB: 7/26/1988FEIN:
Grantee or Creditor: The Department of	of Social and Health Services (DSHS).
Legal Description:	
	(0)
Assessor's Property Tax Parcel Accour	nt Number:
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 3,	due, are judgments and accrue to the lien amount. DSHS ves past-due child support. The Division of Child Support 146.75 in SKAMANIA County on:
X All real and personal property of the	e debtor named above except Tribal Trust property.
Only the property described in the L	Legal Description section above.
November 18, 2015 DATE	A FRAGA AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(509) 374-2000 TELEPHONE NUMBER	A FRAGA PERSON TO CONTACT
TELEFTIONE NOWIDEN	00025541540033839420000000092502

In reply, refer to case numbers: 2554154 2576507

FG VER: (1.8) 3611:11182015/ 2554154 / 3611

, also known as or