AFN #2016000329 Recorded Feb 18, 2016 08:12 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES 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

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

Notice and Statement of Lien

Grantor or Debtor: MARISSA D ZODRO	WC	, also known as or
doing business as:		,
		,
SSN: <u>xxx-xx-2172</u> DOB: <u>7/7/1996</u> FEIN:		
Grantee or Creditor: The Department of	of Social and Health Services (DSHS)	_ /
Legal Description:), ~	\sim
))
Assessor's Property Tax Parcel Account Number:		
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lier in the amount of \$ 3,	ves past-due child support. The Divisi	
All real and personal property of the debtor named above except Tribal Trust property.		
Only the property described in the Legal Description section above.		
February 09, 2016	M JANSEN	
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(360) 696-6100	M JANSEN	
TELEPHONE NUMBER	PERSON TO CONTACT	

00024382410056207400000000102502

In reply, refer to case numbers: 2438241

> FG VER: (1.8) 1895:02092016/ 2438241 / 1895

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