AFN #2016001657 Recorded Aug 18, 2016 01:59 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SVCS 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: HEATHER MARIE S	, also known as or
doing business as:	
SSN:xxx-xx-1469	DOB: <u>1/19/1979</u> FEIN:
Grantee or Creditor: The Department of	f Social and Health Services (DSHS).
Legal Description:), (0)
Assessor's Property Tax Parcel Account	
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 60	due, are judgments and accrue to the lien amount. DSHS es past-due child support. The Division of Child Support 9.07 in SKAMANIA County on:
	debtor named above except Tribal Trust property.
Only the property described in the L	egal Description section above.
DATE	M MARIANO AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(206) 341-7000 TELEPHONE NUMBER	M MARIANO PERSON TO CONTACT
In reply refer to case numbers:	00025808500049585780000000102502

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