AFN #2016001820 Recorded Sep 01, 2016 03:40 PM 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: MARIAH L MCLAU	GHLIN	_ , also known as or
doing business as:		- ,
		,
SSN: xxx-xx-338	4 DOB: 2/21/1987 FEIN:	
Grantee or Creditor: The Department	of Social and Health Services (DSHS)	_ /
Legal Description:), (7
Assessor's Property Tax Parcel Accou	int Number:	
Child support payments, not paid when claims that the debtor named above of (DCS) files a lien in the amount of \$ 2	wes past-due child support. The Divis	
All real and personal property of the	ne debtor named above except Tribal	Trust property.
Only the property described in the	Legal Description section above.	
August 26, 2016 DATE	E BURLEY AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(206) 341-7000	E BURLEY	
TELEPHONE NUMBER	PERSON TO CONTACT	
	000255555500	312771100000000162502

In reply, refer to case numbers: 2555555 2555559 2581408

FG VER: (1.8) 9893:08262016/ 2555555 / 3933

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