AFN #2016001912 Recorded Sep 15, 2016 12:56 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: ASHLEY LORRAIN | E BARRY , also known as or |
|---|--|
| doing business as: ASHLEY L BARRY | <u> </u> |
| | |
| SSN: <u>xxx-xx-295</u> | 0_ DOB: 8/22/1985 FEIN: |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | |
| Legal Description: | |
| Legal Description. | 1. |
| | |
| | |
| Assessed David Tay David Assess | at Milliands and |
| Assessor's Property Tax Parcel Account Number: | |
| Child support payments, not paid when due, are judgments and accrue to the lien amount. DSHS | |
| claims that the debtor named above owes past-due child support. The Division of Child Support | |
| (DCS) files a lien in the amount of \$ 2, | in SKAMANTA County on: |
| All real and personal property of the debtor named above except Tribal Trust property. | |
| Only the property described in the Legal Description section above. | |
| Contombon 12 2016 | V CMEMIT |
| September 13, 2016 DATE | AUTHORIZED REPRESENTATIVE |
| 5/112 | DIVISION OF CHILD SUPPORT |
| (206) 341-7000 | K SMITH |
| TELEPHONE NUMBER | PERSON TO CONTACT |
| | HER HER ER BEREICH BER 111 FREI HER HER LEBER WELLEN ER HER ER HER BEREICH BEREICH BEREICH BEREICH BEREICH BER |
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| | |
| In reply, refer to case numbers: | |
| 2572704 | |
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NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 870:09132016/ 2572704 / 870