AFN #2016001913 Recorded Sep 15, 2016 12:58 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: ANANSTASIA P CH	намвеrs , also know	n as or
doing business as:		,
		,
SSN: xxx-xx-8629 DOB: 1/27/1990 FEIN:		
Grantee or Creditor: The Department of	of Social and Health Services (DSHS).	l.
Legal Description:		3
Assessor's Property Tax Parcel Account	nt Number:	Ĭ.
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 2,	n due, are judgments and accrue to the lien amount wes past-due child support. The Division of Child S ,400.00 in SKAMANIA County o	Support
` `	ne debtor named above except Tribal Trust propert	
Only the property described in the Legal Description section above.		
September 09, 2016 DATE	V MORAN AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(509) 363-5000	V MORAN	
TELEPHONE NUMBER	PERSON TO CONTACT	10 2 (04) NJA 1 8 DIA
		12502

In reply, refer to case numbers: 2586722

FG VER: (1.8) 4456:09092016/ 2586722 / 4456

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