AFN #2016001955 Recorded Sep 21, 2016 08:30 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: MAURISSA R LUT:	z , also known as or
doing business as:	
-	,
SSN: xxx-xx-599	2 DOB: <u>4/5/1993</u> FEIN:
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account	nt Number: .
	n due, are judgments and accrue to the lien amount. DSHS ves past-due child support. The Division of Child Support 722.58 in SKAMANIA County on:
All real and personal property of the	e debtor named above except Tribal Trust property.
Only the property described in the	
September 16, 2016 DATE	C CARTER AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(509) 886-6800	C CARTER PERSON TO CONTACT
TELEPHONE NUMBER	HEHERE HER III I INTERNITE HER INTERNITED IN INTERNITED IN INTERNITED IN

In reply, refer to case numbers: 2562768 2562770

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

FG VER: (1.8) 9893:09162016/ 2562768 / 3774