AFN #2016002279 Recorded Nov 01, 2016 08:35 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: DEMARICE ASHLEY	wilson , also known as or
doing business as: DEMARICE A WII	SON ,
SSN: XXX-XX-150	8 DOB: <u>11/3/1983</u> FEIN:
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account	nt Number:
	due, are judgments and accrue to the lien amount. DSHS was past-due child support. The Division of Child Support 0.00 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 Legal Description section above.	
October 28, 2016  DATE	J HERNANDEZ AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(360) 696-6100	J HERNANDEZ
TELEPHONE NUMBER	PERSON TO CONTACT
	00017262000026780020000000082502

In reply, refer to case numbers: 1726200

11/20200020/80020000000000002302

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

FG VER: (1.8) 2617:10282016/ 1726200 / 2617