AFN #2016002384 Recorded Nov 14, 2016 12:54 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: AS.	HLEY CHRISTIA	INSEN			, also known as or
doing business as: AS	HLEY L ROBINS	ON	L 'T		
AS	HLEY L CHRIST	TIANSEN	- 3		4
SS	SN: <u>xxx-xx-</u> 3058	B DOB: 3/23/	1987	FEIN:	
Grantee or Creditor: 1	Γhe Department o	of Social and He	alth Servic	es (DSHS).	- 1
Legal Description:		0 0			
		1			
	. .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4E .	
A 4	1 -			- AF	
Assessor's Property Ta	ax Parcel Accoun	it Number:			
Child support payment					No.
claims that the debtor					
(DCS) files a lien in the	_		n skaman		County on:
All real and persor	nal property of the	e debtor named	above exc	ept Tribal Tr	ust property.
Only the property	described in the l	_egal Descriptio	n section a	bove.	
October 18, 2016	\ \	R GEDDINGS	,		
DATE		AUTHORIZED REP			
(0.50)		DIVISION OF CHIL	D SUPPORT		
(360) 696-6100 TELEPHONE NUMBER	·	R GEDDINGS PERSON TO CON	TACT		
TELET TOTAL NOMBER		. 2.1.0011 10 0011	1111111		0.00 10.00 0.00 0.00 0.00 0.00 0.00
				00024123060042	3017500000000132502
In rank, rafarta acca,					

In reply, refer to case numbers: 2412306

FG VER: (1.8) 83:10182016/

2412306 / 83

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