AFN #2016002499 Recorded Nov 29, 2016 08:40 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: DEMETRIO	z sanchez	, also known as or
doing business as:		<del></del>
		,
SSN: xxx-x	X-3834 DOB: 12/22/1986 FEIN:	
Grantee or Creditor: The Depar	tment of Social and Health Services (DS	SHS)
Legal Description:		
		) )
Assessor's Property Tax Parcel	Account Number:	
Child support payments, not paid claims that the debtor named ab (DCS) files a lien in the amount of	d when due, are judgments and accrue ove owes past-due child support. The lof \$ 3,434.62 in SKAMANIA	to the lien amount. DSHS Division of Child Support County on:
X All real and personal propert	ty of the debtor named above except Tri	bal Trust property.
☐ Only the property described	in the Legal Description section above.	
November 22, 2016	V BROWN	
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(509) 374-2000	V BROWN	
TELEPHONE NUMBER	PERSON TO CONTACT	•
la acaba acfente con accessor	0002547	81200623461500000000182502
In reply, refer to case numbers: 2547812		

NOTICE AND STATEMENT OF LIEN

DSHS 09-282 (REV. 07/2012)

FG VER: (1.8) 2801:11222016/ 2547812 / 2801