AFN #2016002759 Recorded Dec 27, 2016 09:57 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: KRISTA K TARVE	R		, also known as or
doing business as:			,
· · · · · · · · · · · · · · · · · · ·			
SSN: <u>xxx-xx-179</u>	6 DOB: 8/10/1987	_ FEIN:	
Grantee or Creditor: The Department	of Social and Health Serv	rices (DSHS).	- I
Legal Description:),	C	13
Assessor's Property Tax Parcel Accou	nt Number:	11	
Child support payments, not paid when claims that the debtor named above of (DCS) files a lien in the amount of \$ 3	ves past-due child suppo	rt. The Divisio	
All real and personal property of the	e debtor named above ex	cept Tribal Tr	ust property.
☐ Only the property described in the	Legal Description section	above.	
December 19, 2016 DATE	K STUBBS AUTHORIZED REPRESENTADIVISION OF CHILD SUPPOR		
(425) 438-4800	K STUBBS		
TELEPHONE NUMBER	PERSON TO CONTACT		
		00022217130057	2414700000000112502

In reply, refer to case numbers: 2221713

FG VER: (1.8) 4642:12192016/ 2221713 / 4642

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