AFN #2017001500 Recorded Jul 24, 2017 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

SSN: XXX-XX-9775 DOB: 1/21/1989 FEIN: Grantee or Creditor: The Department of Social and Health Services (DSHS). Legal Description: Child support payments, not paid when due, are judgments and accrue to the lien amount. DSH claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 4,036.95 in SKAMANIA County on: All real and personal property of the debtor named above except Tribal Trust property. Only the property described in the Legal Description section above.	ror Debtor: KRISTEN M DAVI	, also known as c	٦r
Grantee or Creditor: The Department of Social and Health Services (DSHS). Legal Description: Assessor's Property Tax Parcel Account Number: Child support payments, not paid when due, are judgments and accrue to the lien amount. DSH claims that the debtor named above owes past-due child support. The Division of Child Support (DCS) files a lien in the amount of \$ 4,036.95 in SKAMANIA County on: All real and personal property of the debtor named above except Tribal Trust property.	usiness as:	· · · · · · · · · · · · · · · · · · ·	
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	real and personal property of t	r named above except Tribal Trust property.	
July 18, 2017 DATE C CALLAGHER AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	18, 2017	RIZED REPRESENTATIVE	_
(360) 664-6900 C GALLAGHER TELEPHONE NUMBER PERSON TO CONTACT			_
In reply refer to case numbers:	v refer to case numbers.	00025467040042808200000000052502	

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

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