AFN #2017002080 Recorded Oct 05, 2017 08:15 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: SUNDI MARIE GUI	NTLY		, also known as or
doing business as:			
	8 / /		4.
SSN: <u>xxx-xx-</u> 388	6 DOB: 3/22/1971	_ FEIN:	
Grantee or Creditor: The Department	of Social and Health Serv	rices (DSHS).	10
_ Legal Description:)	\mathcal{L}	
Assessor's Property Tax Parcel Accou	nt Number:	7 7	
Child support payments, not paid wher claims that the debtor named above ov (DCS) files a lien in the amount of \$ 1.2	ves past-due child suppo	rt. The Divisio	
All real and personal property of th	e debtor named above ex	xcept Tribal T	rust property.
☐ Only the property described in the	Legal Description section	ı above.	
October 02, 2017 DATE	S POTESKY AUTHORIZED REPRESENTADIVISION OF CHILD SUPPOR		
(509) 363-5000	S POTESKY		
TELEPHONE NUMBER	PERSON TO CONTACT		
In reply refer to case numbers:		00023122310056	8468200000000062502

FG VER: (1.8) 3655:10022017/ 2312231 / 3655

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

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