AFN #2017002678 Recorded Dec 27, 2017 10:05 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: ANNITTA M BESS | E | | , also known as or |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------|--------------------|
| doing business as: | | | , |
| | | | 4 |
| SSN:xxx-xx-1420 | DOB: <u>12/23/1972</u> | FEIN: | |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | | | |
| Legal Description: | 1.2 | - | |
| | <i></i> | | |
| Assessor's Property Tax Parcel Accoun | t Number: | | |
| Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 9,7 | es past-due child suppor | t. The Division | |
| All real and personal property of the | debtor named above ex | cept Tribal Tru | ust property. |
| Only the property described in the L | egal Description section | above. | |
| DATE | T MED WILSON AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR | | |
| (253) 597-3700 | T MED WILSON | | |
| TELEPHONE NUMBER | PERSON TO CONTACT | | |
| | | 000256637600559 | 62940000000162502 |

In reply, refer to case numbers: 2566376 2212894

FG VER: (1.8) 4598:12202017/

2566376 / 9099

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