AFN #2018000993 Recorded May 14, 2018 01:03 PM 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: MELISSA FAYE KR | AHN | , also known as or |
|---|-----------------------------|--|
| doing business as: MELISSA F ROBER | TS | |
| | | |
| SSN:xxx-xx-5830 | DOB: <u>12/25/1987</u> | FEIN: |
| Grantee or Creditor: The Department of | f Social and Health Service | es (DSHS) |
| Legal Description: | | |
| | | |
| | | 4 7 1 |
| 4 4 7 | | |
| Assessor's Property Tax Parcel Accour | nt Number: | |
| Child support payments, not paid when | due, are judgments and a | ccrue to the lien amount. DSHS |
| claims that the debtor named above ow | | |
| (DCS) files a lien in the amount of \$ 3, | | |
| All real and personal property of the | e debtor named above exc | cept Tribal Trust property. |
| ☐ Only the property described in the I | egal Description section | above. |
| May 10, 2018 | E FENDLER . | , |
| DATE | AUTHORIZED REPRESENTAT | |
| • • • | DIVISION OF CHILD SUPPOR | |
| (509) 363-5000 | E FENDLER | |
| TELEPHONE NUMBER | PERSON TO CONTACT | |
| | | 8 0 8 15 15 15 15 15 15 15 15 15 15 15 15 15 |
| , | | |
| In reply refer to case numbers: | | 000243001800171379800000000092502 |

In reply, refer to case numbers: 2430018 2430022

FG VER: (1.8) 8097:05102018/ 2430018 / 3865

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