AFN #2018001739 Recorded Aug 23, 2018 01:20 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: RACHELLE M JOH	NSON	, also known as or
doing business as:		
	$X \setminus Y$,
SSN: <u>xxx-xx-</u> 754	5 DOB: 3/21/1986	FEIN:
Grantee or Creditor: The Department	of Social and Health Ser	vices (DSHS).
Legal Description:)	$\mathcal{O}_{\mathcal{I}}$
Assessor's Property Tax Parcel Accou	ınt Number:	
Child support payments, not paid whe claims that the debtor named above o (DCS) files a lien in the amount of \$ 5	wes past-due child suppo , 969.60 in SKAM	ort. The Division of Child Support ANIA County on:
All real and personal property of the		
☐ Only the property described in the	Legal Description section	n above.
August 21, 2018 DATE	S POTESKY AUTHORIZED REPRESENT DIVISION OF CHILD SUPPO	
(509) 363-5000 TELEPHONE NUMBER	S POTESKY PERSON TO CONTACT	
In reply, refer to case numbers:		00026525300052904060000000122502

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 3655:08212018/ 2652530 / 3655