AFN #2018001964 Recorded Sep 24, 2018 05:04 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: WANDA C SWINGLE		, also known as or
doing business as:		_ ,
		<u> </u>
SSN:xxx-xx-684	0 DOB: 3/6/1972 FEIN:	
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
-Legal-Description:		
Assessor's Property Tax Parcel Account	nt Number:	• ′
Child support payments, not paid when claims that the debtor named above ov (DCS) files a lien in the amount of \$ 71	ves past-due child support. The Division SKAMANIA	on of Child Support County on:
	e debtor named above except Tribal T	rust property.
☐ Only the property described in the	Legal Description section above.	
September 19, 2018 DATE	J DOBELL AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	·
(206) 341-7000	J DOBELL	
TELEPHONE NUMBER	PERSON TO CONTACT	,
In reply, refer to case numbers: 2635188	00026351880059	9822440000000032502

FG VER: (1.8) 4864:09192018/ 2635188 / 844

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