AFN #2018002418 Recorded Dec 10, 2018 01:40 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

| , Itolioo a | | , also known as or |
|---|--|---------------------------------|
| Grantor or Debtor: APRIL E LACROIX | | , also known as or |
| doing business as: | | |
| | | , |
| | DOB: 10/26/1987 FEIN: | |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | | |
| Legal Description: | 7 | |
| | | , , |
| Assessor's Property Tax Parcel Account | nt Number: | |
| Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 97 | ves past-due child support. The Divis | County on: |
| All real and personal property of the | Level Depositation section above | |
| Only the property described in the | Legal Description section above. | |
| December 04, 2018 | D GRAY | |
| DATE | AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT | |
| <i>r</i> | | |
| (206) 341-7000 TELEPHONE NUMBER | D GRAY PERSON TO CONTACT | |
| TELEPHONE NOMBER | 116116111111111111111111111111111111111 | |
| | 000240899800 | 181020000000000202502 |
| In reply, refer to case numbers: 2408998 | , | |
| | | FG VER: (1.8) 3699:12042018/ |

2408998 / 3699

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