AFN #2019000130 Recorded Jan 28, 2019 02:38 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: DANIEL LUIS MAR	RTINEZ	<i></i>	, also known as or
doing business as:	0.01		
SSN: <u>xxx-xx-881</u>	L_DOB: 10/9/1980	FEIN:	
Grantee or Creditor: The Department of	of Social and Health Serv	ices (DSHS).	- N
Legal Description:)`	(73
Assessor's Property Tax Parcel Accoun	nt Number:	~~	/ "
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 55	es past-due child suppor	t. The Division	lien amount. DSHS on of Child Support County on:
X All real and personal property of the	e debtor named above ex	cept Tribal Tr	ust property.
Only the property described in the	Legal Description section	above.	
January 18, 2019 DATE	S PHILLIPS AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR		
(360) 696-6100 TELEPHONE NUMBER	S PHILLIPS PERSON TO CONTACT		-

In reply, refer to case numbers: 2204691

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NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 611:01182019/ 2204691 / 611