AFN #2019000464 Recorded Apr 01, 2019 11:17 AM 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: MICHAEL R MENDO	OZA	, also known as or
doing business as:		
-		,
SSN: XXX-XX-517	8 DOB: 9/2/1971 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 \$ 8,	wes past-due child support. The Division	
X All real and personal property of th	e debtor named above except Tribal T	rust property.
☐ Only the property described in the	Legal Description section above.	(
March 26, 2019 DATE	L VAN HEYNINGEN AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	·
(206) 341-7000 TELEPHONE NUMBER	L VAN HEYNINGEN PERSON TO CONTACT	·

In reply, refer to case numbers: 2161612



NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 3458:03262019/ 2161612 / 3458