Skamania County, WA Total:\$0.00 CHILD

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2024-000783 06/25/2024 08:06 AM

Request of: WASHINGTON STATE DEPARTMENT OF H

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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: SUNDI MARIE GU | INTLY | , also known as or |
|--|---|---|
| doing business as: | | |
| | | , |
| SSN : <u>xxx-xx-</u> 388 | B6 DOB: 3/22/1971 FE | IN: |
| Grantee or Creditor: The Department | of Social and Health Services | (DSHS). |
| Legal Description: |))``. | |
| Assessor's Property Tax Parcel Accou | unt Number: | |
| Child support payments, not paid whe claims that the debtor named above o (DCS) files a lien in the amount of \$ 1 | wes past-due child support. Th | ue to the lien amount. DSHS ie Division of Child Support County on: |
| All real and personal property of the | ne debtor named above except | |
| Only the property described in the | Legal Description section above | ve. |
| June 21, 2024 | B ELLIS | |
| DATE | AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT | |
| (509) 363-5000 | B ELLIS | |
| TELEPHONE NUMBER | PERSON TO CONTACT | |

In reply, refer to case numbers: 2197174 2312231

00021971740056846820000000022552

FG VER: (1.8) 1517:06212024/ 2197174 / 1517