AFN #2012180906 Recorded 06/20/2012 at 03:51 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

DIVISION OF CHILD SUPPORT PO Box 11520 Tacoma WA 98411-5520

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001)

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor:	JOSHUA J HOPKINS		, also known as or	
doing business as:			A /	
			7	
	SSN: <u>xxx-xx-317</u>	DO	B: <u>05/15/1988</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		(5)	(O)	•
Assessor's Property Tax Parcel Account Number:				
DSHS claims that		n due, are judgments pove owes past-due ont of \$ <u>6,165.02</u>		
All real and personal property of the debtor named above except Tribal Trust property.  Only the property described in the Legal Description section above.				
June 18, 2012	4 7 -	S WINBORNE		, ,
Date		Authorized Representativ DIVISION OF CHILD SU		
(360) 696-6100	)	S WINBORNE		h
Telephone Number		Person to Contact		
In reply, refer to:	. (		00021533930015	91149800000000072502
Case #: 2153393	3 2226156			
			· FG	S VER: (1.4)

FG VER: (1.4) 4229:06182012/ 2153393 / 4229