AFN #2013000581 Recorded 03/25/2013 at 01:05 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

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

## NOTICE AND STATEMENT OF LIEN

	SAMUEL RAY BAXTER		, also known as or	
doing business as:				
	001		Y	
	SSN: <u>xxx-xx-568</u>	38	DOB: <u>02/28/1969</u>	
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		دنک		
Assessor's Property Tax Parcel Account Number:				
DSHS claims that t Support (DCS) files	he debtor named at s a lien in the amour	ove owes past-ont of \$ 1,717.9		Division of Child County on:
All real and personal property of the debtor named above except Tribal Trust property.				
Only the property described in the Legal Description section above.				
March 20, 2013		G IVERSON		, ,
Date	L 1	Authorized Represe	ntative D SUPPORT	
(206) 341-7000		G IVERSON		
Telephone Number		Person to Contact		
			0001519026000	
In reply, refer to: Case #: 1519026			0001319028004	.3200300000000232302 · INS BIR

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

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