AFN #2013000675 Recorded 04/03/2013 at 03:04 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

Grantor or Debtor: PAVEL P SAVIN	, also known as or
doing business as: PAUL P SAVIN	
SSN : <u>xxx-xx-806</u>	DOB: 03/22/1973
Grantee or Creditor: The Department	of Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accou	unt Number:
DSHS claims that the debtor named a	n due, are judgments and accrue to the lien amount. bove owes past-due child support. The Division of Child nt of \$ 10,092.00 in SKAMANIA County on:
	ne debtor named above except Tribal Trust property.
April 01, 2013 Date	J DEMICH Authorized Representative DIVISION OF CHILD SUPPORT
(360) 696-6100 Telephone Number	J DEMICH
In reply, refer to:	Person to Contact

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

Case #: 2292058

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