AFN #2013001306 Recorded 06/17/2013 at 03:23 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: ROBERT	[ E NORRIS		, also known as or
doing business as:			
SSN:xx	XX-XX-2632	DOB: <u>03/23/1965</u>	
Grantee or Creditor: The D	Department of Social a	and Health Services (DSHS)	
Legal Description:	cs		
Assessor's Property Tax Pa	arcel Account Numbe	rt	4 .
Child support payments, no DSHS claims that the debte Support (DCS) files a lien in	or named above owes	judgments and accrue to the past-due child support. The 1275.35 in SKAMANIA	e Division of Child
X All real and personal pr	roperty of the debtor r	named above except Tribal T	rust property.
_		scription section above.	
June 11, 2013	J ZIMME	⊈R	, -
Date		Representative OF CHILD SUPPORT	
(360) 696-6100	J ZIMME	ER	
Telephone Number	Person to C	Contact	
In reply, refer to:		0000892459002	96295300000000812502
Case #: 892459 998386	6 987154 1112340		
			G VER: (1.4)
NOTICE AND STATEMENT OF LIEN			2632:06112013/
DSHS 09-282 (REV. 08/2001)		Č	392459 / 2632