AFN #2013001493 Recorded 07/15/2013 at 11:47 AM 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: doing business as:	CRISTOBAL J OROZCO		, also known as or	
			*	7
	SSN: <u>xxx-xx-501</u>	4	DOB: <u>03/31/1975</u>	77.77
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		نک		
Assessor's Property Tax Parcel Account Number:				
DSHS claims that t		ove owes past-o	ents and accrue to the lue child support. Th	e Division of Child
All real and personal property of the debtor named above except Tribal Trust property.				
☐ Only the property described in the Legal Description section above.				
July 12, 2013 Date	$\leftarrow_{I_{-}}$	H KELLY Authorized Represe DIVISION OF CHILI)
(509) 886-6800		H KELLY		<u> </u>
Telephone Number		Person to Contact		*
	'		0002376061005	97232500000000012502
In reply, refer to: Case #: 2376061	•		7	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 4934:07122013/ 2376061 / 4934