AFN #2013002326 Recorded 10/24/2013 at 12:55 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: ANDREW J HOPKI	s, also known as or
doing business as:	
SSN: xxx-xx-915	DOB: <u>08/09/1978</u> .
Grantee or Creditor: The Department	f Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Accou	t Number:
	due, are judgments and accrue to the lien amount. ove owes past-due child support. The Division of Child t of \$ 1,966.12 in SKAMANIA County on:
All real and personal property of the	e debtor named above except Tribal Trust property.
☐ Only the property described in the	egal Description section above.
October 20, 2013 Date	R SHADDOX Authorized Representative DIVISION OF CHILD SUPPORT
(425) 438-4800	R SHADDOX
Telephone Number	Person to Contact 00015594760046579530000000132502

In reply, refer to: Case #: 1558476

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

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