AFN #2014000114 Recorded 01/22/2014 at 12:12 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

	CHRISTOPHE BRANDON MACKMER			, also known as or
doing business as:				
	SSN: <u>xxx-xx-384</u>	9	DOB: <u>05/26/198</u>	1
Grantee or Creditor: The Department of Social and Health Services (DSHS).				
Legal Description:		C.		
Assessor's Propert	y Tax Parcel Accou	nt Number:		4
DSHS claims that t	nents, not paid wher he debtor named at s a lien in the amour	ove owes past-d	lue child support. T	he Division of Child
_	rsonal property of th rty described in the			Trust property.
January 16, 20 Date	14	R SHADDOX Authorized Represe		7
(360) 696-6100		R SHADDOX		
Telephone Number		Person to Contact		
In reply, refer to:			00015323060	0457644600000000322502
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2400 //.

Case #: 1532306 1743857 2160431 1790484

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

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