AFN #2014001969 Recorded 11/17/2014 at 04:44 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:	CRISTOBAL J OROZCO			, also known as or
doing business as:				
			V	
	SSN: <u>xxx-xx-501</u>	4	DOB: <u>03/31/1975</u>	
Grantee or Credito	r: The Department	of Social and Hea	alth Services (DSHS)	
Legal Description:		دنک		
Assessor's Propert	ty Tax Parcel Accou	nt Number:		
DSHS claims that t		oove owes past-d	onts and accrue to the ue child support. The in <u>SKAMANIA</u>	e Division of Child
X All real and per	rsonal property of th	e debtor named a	above except Tribal T	rust property.
Only the prope	rty described in the	Legal Description	n section above.	7
November 10, 2 Date	014	K FLOM		,, ,
		Authorized Represent DIVISION OF CHILD		
(425) 438-4800	1	K FLOM		
Telephone Number		Person to Contact		*
V	1		0002376061005	9723250000000012502
In reply, refer to: Case #: 2376061	_		7	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 08/2001) FG VER: (1.4) 3950:11102014/ 2376061 / 608