AFN #2015001509 Recorded 07/23/2015 at 02:57 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Robert J. Waymire 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: RICHARD P ANDE	RSON	, also known as or
doing business as:		
		7/3
SSN: <u>xxx-xx-291</u>	DOB: 06/17/1967 FEIN:	·
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		
Assessor's Property Tax Parcel Account Number:		
Child support payments, not paid when claims that the debtor named above of (DCS) files a lien in the amount of \$ 4.	wes past-due child support. The Div	the lien amount, DSHS vision of Child Support County on:
All real and personal property of the	ne debtor named above except Triba	al Trust property.
Only the property described in the Legal Description section above.		
July 15, 2015	C ZAMBRANO	
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(360) 696-6100	C ZAMBRANO	<u> </u>
TELEPHONE NUMBER	PERSON TO CONTACT	-
In reply, refer to case numbers:	0002456239	0053310890000000212502
2456239		
		FG VER: (1.8)

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) 519:07152015/ 2456239 / 519