AFN #2015002026 Recorded 10/05/2015 at 10:54 AM 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: JONATHAN RICHA	RD GABRIEL	, also known as or
doing business as:		1
		,
SSN: xxx-xx-084	3 DOB: <u>10/11/1983</u> FEIN:	
Grantee or Creditor: The Department	of Social and Health Services (DSH	S).
Legal Description:	), (	13
Assessor's Property Tax Parcel Accou	nt Number:	
Child support payments, not paid when claims that the debtor named above or		
(DCS) files a lien in the amount of \$ 3	,357.57 in SKAMANTA	County on:
X All real and personal property of the	e debtor named above except Triba	al Trust property.
Only the property described in the	Legal Description section above.	
September 26, 2015  DATE	R OPOKA AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(360) 696-6100 TELEPHONE NUMBER	R OPOKA PERSON TO CONTACT	
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In reply, refer to case numbers: 2250375

FG VER: (1.8) 2374:09262015/ 2250375 / 2374