AFN #2015002687 Recorded Dec 22, 2015 07:38 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 File Fee: \$0.00 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: TIMOTHY BAXTER	R		, also known as or
doing business as:			
-	25. I I		4 .
SSN: <u>xxx-xx-98</u>	25 DOB: 4/18/1983	FEIN:	
Grantee or Creditor: The Department	t of Social and Health Serv	rices (DSHS).	- 1
Legal Description:),	C	13
Assessor's Property Tax Parcel Acco	unt Number:		
Child support payments, not paid whe claims that the debtor named above (DCS) files a lien in the amount of \$ 9	owes past-due child suppor	rt. The Divisio	
All real and personal property of t	he debtor named above ex	cept Tribal Tr	rust property.
Only the property described in the	e Legal Description section	above.	
December 15, 2015 DATE	C ZAMBRANO AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPOR	—	
(360) 696-6100	C ZAMBRANO		
TELEPHONE NUMBER	PERSON TO CONTACT		

In reply, refer to case numbers: 2268957



FG VER: (1.8) 519:12152015/ 2268957 / 519