AFN #2016000217 Recorded Feb 01, 2016 05:07 PM 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: ROBBIE CHARLES	LARUE , also known as or
doing business as:	· · · · · · · · · · · · · · · · · · ·
SSN: <u>xxx-xx-1710</u>	DOB: <u>11/30/1975</u> FEIN :
Grantee or Creditor: The Department o	f Social and Health Services (DSHS).
Legal Description:	
4 4	
Assessor's Property Tax Parcel Accoun	t Number:
	due, are judgments and accrue to the lien amount. DSHS es past-due child support. The Division of Child Support, 088.00 in SKAMANTA County on:
All real and personal property of the debtor named above except Tribal Trust property.	
Only the property described in the L	egal Description section above.
DATE	T HOLLOWAY AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(330) 331 333	T_HOLLOWAY PERSON TO CONTACT

In reply, refer to case numbers: 2497089 2392836

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FG VER: (1.8) 4185:01272016/ 2497089 / 4185