AFN #2016000523 Recorded Mar 21, 2016 02:00 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: TIMOFEY L DERNO	YOY	<u> </u>	also known as or
doing business as:			<u> </u>
	D. F. F.		46.
SSN : <u>xxx-xx-0778</u>	B DOB: 3/7/1967	FEIN:	
Grantee or Creditor: The Department	of Social and Health Servi	ces (DSHS).	- N
Legal Description:),	(13
Assessor's Property Tax Parcel Account	nt Number:		
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 26	es past-due child support	The Division	
All real and personal property of the	e debtor named above ex	cept Tribal Tru	st property.
☐ Only the property described in the	egal Description section	above.	
March 15, 2016 DATE	B HUTCHINSON AUTHORIZED REPRESENTAT DIVISION OF CHILD SUPPOR		
(360) 696-6100	B HUTCHINSON		
TELEPHONE NUMBER	PERSON TO CONTACT		
		0001598050004697	77730000000322502

In reply, refer to case numbers:

FG VER: (1.8) 4855:03152016/ 1598050 / 4855

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