AFN #2016001197 Recorded Jun 27, 2016 01:34 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: RICKY A PORTER		, also known as or
doing business as:		•
		,
SSN: xxx-xx-4109	DOB: <u>1/30/1960</u> FEIN:	
Grantee or Creditor: The Department of	f Social and Health Services (DS	SHS).
Legal Description:	),	
Assessor's Property Tax Parcel Accour	nt Number:	
Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 33	es past-due child support. The	
All real and personal property of the	debtor named above except Tr	ibal Trust property.
Only the property described in the L		
June 23, 2016 DATE	C GEORGE AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(253) 597-3700	C GEORGE	
TELEPHONE NUMBER	PERSON TO CONTACT	

00020360110054258240000000322502

In reply, refer to case numbers: 2036011

> FG VER: (1.8) 144:06232016/ 2036011 / 144