AFN #2016001887 Recorded Sep 12, 2016 03:43 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: CHRISTOPHE AL	THORNBURG		, also known as or
doing business as:			<u> </u>
	P = I	·	<u></u>
SSN: <u>xxx-xx-208</u>	0 DOB: <u>12/24/1971</u>	FEIN:	
Grantee or Creditor: The Department	of Social and Health Servi	ces (DSHS).	_ /
Legal Description:	7 7		
	J	4	
4 4	_		3 4
Assessor's Property Tax Parcel Accou	nt Number:		
Child support payments, not paid wher claims that the debtor named above ov (DCS) files a lien in the amount of \$ 2,	ves past-due child support	The Division	
All real and personal property of th	e debtor named above ex	cept Tribal Tr	ust property.
☐ Only the property described in the	Legal Description section	above.	
September 08, 2016	L MURRAY		
DATE	AUTHORIZED REPRESENTAT DIVISION OF CHILD SUPPOR		
(509) 363-5000	L MURRAY		
TELEPHONE NUMBER	PERSON TO CONTACT		

000258460800629058900000000062502

In reply, refer to case numbers: 2584608

> FG VER: (1.8) 4765:09082016/ 2584608 / 4765

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012)