AFN #2016002126 Recorded Oct 11, 2016 12:21 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: SIMON WILLIAM WI	LKERSON , also known as or
doing business as:	,
SSN: XXX-XX-2401	DOB: 2/11/1986 FEIN:
Grantee or Creditor: The Department of	Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account	Number:
	due, are judgments and accrue to the lien amount. DSHS es past-due child support. The Division of Child Support 05.00 in SKAMANIA County on:
X All real and personal property of the	debtor named above except Tribal Trust property.
Only the property described in the Le	gal Description section above.
DATE	A PALMER OUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(253) 597-3700 A	A PALMER PERSON TO CONTACT
In reply, refer to case numbers:	00026438620063806160000000032502

FG VER: (1.8) 38:10052016/ 2643862 / 38

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

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