AFN #2017000023 Recorded Jan 03, 2017 02:30 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: JUSTIN RICK HA	RTSOCK		, also known as or
doing business as:			,
		H	<u> </u>
SSN: <u>xxx-xx-196</u>	8 DOB: <u>9/25/1978</u>	_ FEIN:	
Grantee or Creditor: The Department	of Social and Health Sen	vices (DSHS).	- I
Legal Description:),	-	\sim
	_) /
Assessor's Property Tax Parcel Accou	int Number:	7.7	
Child support payments, not paid when claims that the debtor named above of (DCS) files a lien in the amount of \$ 3	wes past-due child suppo	rt. The Division	
All real and personal property of the			<u> </u>
Only the property described in the	Legal Description section	n above.	
December 29, 2016 DATE	N ARATA AUTHORIZED REPRESENTA DIVISION OF CHILD SUPPO		
(360) 696-6100 TELEPHONE NUMBER	N ARATA PERSON TO CONTACT		
TEEL HONE NOMBER	I ENGON TO CONTACT		

In reply, refer to case numbers: 2505546 1790326 2466129



FG VER: (1.8) 4195:12292016/ 2505546 / 567