AFN #2017000225 Recorded Feb 01, 2017 12:53 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: VICTOR KANIL	1 HATOLA	Description of the last of the	_ , also known as or
doing business as:			•
SSN: xxx-xx-4	4747 DOB: 8/16/1978	FEIN:	.
Grantee or Creditor: The Departme	ent of Social and Health Ser	vices (DSHS)	
Legal Description:	7 7	_	
	ر ر	\mathcal{K}))
Assessor's Property Tax Parcel Ac	count Number:	7 7	
Child support payments, not paid we claims that the debtor named above (DCS) files a lien in the amount of \$\frac{3}{2}\$	e owes past-due child suppo	ort. The Divisi	
All real and personal property of	of the debtor named above e	except Tribal T	rust property.
Only the property described in	the Legal Description sectio	n above.	
January 30, 2017 DATE	F LIPSKER AUTHORIZED REPRESENT DIVISION OF CHILD SUPPO	—	
(360) 664-6900	F LIPSKER		
TELEPHONE NUMBER	PERSON TO CONTACT		
		0002392721005	9989440000000152502

FG VER: (1.8) 2694:01302017/ 2392721 / 2694

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

2392721

In reply, refer to case numbers: