AFN #2017002240 Recorded Oct 25, 2017 01:47 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

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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

Notice and Statement of Lien

| Grantor or Debtor: DAVID ALBERT PI | ICKLESIMER | , also known as or |
|---|---|--|
| doing business as: | | |
| , | | |
| SSN:xxx-xx-300 | 3 DOB: 12/1/1965 FEIN: | |
| Grantee or Creditor: The Department of Social and Health Services (DSHS). | | |
| -Legal-Description: | | |
| | / _ / |)) |
| Assessor's Property Tax Parcel Account | nt Number: | |
| Child support payments, not paid when claims that the debtor named above ow (DCS) files a lien in the amount of \$ 13 | ves past-due child support. The Division | lien amount. DSHS on of Child Support County on: |
| All real and personal property of th | 1 | rust property. |
| Only the property described in the | Legal Description section above. | |
| October 23, 2017 DATE | S ROPER AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT | |
| (509) 363-5000 TELEPHONE NUMBER | S ROPER PERSON TO CONTACT | |
| I ELEPTIONE NUMBER | HANDIN TO CONTACT | KLOBERO LERFERFEREN EN 1900 HODE DAT DE DEL |
| | | |
| In reply, refer to case numbers: | ***** 00016344590037 | |
| 1634459 | | , |

FG VER: (1.8) 4887:10232017/ 1634459 / 4887