AFN #2019000249 Recorded Feb 19, 2019 02:16 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: ROBERT JOHN HAM	ILTON	, also known as or
doing business as:		J
SSN: xxx-xx-051	DOB: 1/15/1964 FEIN:	
Grantee or Creditor: The Department of Social and Health Services (DSHS).		
Legal Description:		
		13
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 \$ 22	es past-due child support. The Division	lien amount. DSHS on of Child Support County on:
X All real and personal property of the	e debtor named above except Tribal Tr	rust property.
☐ Only the property described in the		
February 12, 2019	L FONTENOT	1
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT	
(360) 696-6100	L FONTENOT	
TELEPHONE NUMBER	PERSON TO CONTACT	•
In reply, refer to case numbers:	00007047440021	.6766800000000432502
704744 2101409 2120573		
	\ \	

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 07/2012) FG VER: (1.8) 578:02122019/ 704744 / 578