

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES OFFICE OF SUPPORT ENFORCEMENT (OSE)

NOTICE AND STATEMENT OF LIEN (RCAV 74,20Å,060)



NOTICE IS HEREBY GIVEN:		252415121 W
That the Department of Social and Health Ser SSN: DOB: 07/30/66 0	rvices (DSHS) claims that <u>Micheal</u> wes a debt for past due child supp	A. Risley
That DSHS files a lien in the amount of \$	1660.00 in Skamania	County on:
X A. All real and personal property		4
B. The property described below	N	
	Jadley V	udlalson
STATE OF WASHINGTON)	Authorized Representat	ive
County of <u>(lark</u>) ss.		
Legitify that Sally Niche born who signed the above.	appeared before me a	nd is known to me as the individual
SUBSCRIBED AND SWORN to before me or	,	
	NOTARY PUBLIC in an	of 12 Jack of Washington
	residing at Vala	court
	My commission expire	0 - 70
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269		2
(000) 000-0000		
in reply, refer to: D#: 846585	Indication of In	
NOTE FAND STREMENT OF DEN - EXRESPOSE (F) - 1 391 FOR REL (1911)		12176 920107 120707