

DSHS 9 232 Frv 1 59

GEGREL 1133

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

NOTICE AND STATEMENT OF LIEN (RCW 74.20A.060)



(1980 920110 113655)

NOTICE IS HEREBY GIVEN:	WENSON, WASH.
That the Department of Social and Health Services (DS SSN: DOB: 05/13/70 owes a de	ht for past due child support.
That DSHS files a lien in the amount of \$ 660.00	
A. All real and personal property of the d	
B. The property described below	
	$\omega \circ \circ \circ \bullet$
	Authorized Replesentative
STATE OF WASHINGTON) County of County of Ss. I certify that Warda 600dpaster	appeared before me and is known to me as the individual
who signed the above.	
SUBSCRIBED AND SWORN to before me on	14/92
100 100 100 100 100 100 100 100 100 100	Micholly Reave
, 10 ° 11 ° 1	NOTARY PUBLIC in and for the State of Washington residing at My commission expires on 2// 0, 19 23
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269 (206) 690-7283	
	Registered Distance Oir Control of Control o
In reply, refer to: D#: 850481	Indirect Filmed 1/20192 Mulled