

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

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

BOOK 121 PAGE 912
FILED FOR RECORD
SKAHANIA CO. WASH
DS BY DS HS

GARY H. OLSON

NOTICE IS HEREBY GIVEN:			
That the Department of Social and Health Services SSN: DOB: 12/13/58 owes a	(DSHS) claims that <u>Stac</u> a debt for past due child	ey L. Hegewald support	
That DSFiS files a lien in the amount of S42	1.27 in Skamania	County on:	h
(X) A. All real and personal property of the	he debtor, and/or		
B. The property described below		1.1	
	2.1	~\~	
	Juli	EC. MBr	idt_
	Authorized Repres	entative	
STATE OF WASHINGTON) ss. County of Clark)	X / I	•	
County of Crark			ho individual
I certify that J. Mcbride who signed the above. SUBSCRIBED AND SWORN to before me on	appeared before	me and is known to me as t	
St. 1100	NOTARY PUBLIC	in and for the State of Was	hington
PUBLIC 2	residing at My commission	and writing	. 19 95
4-95. CO			
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST		,	

P 0 Box 4269 Vancouver WA 98662-0269

(206) 696-6632

in reply, refer to: . D#: **806702**

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