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BOOK 128 PAGE 579

PSHS

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GARTILL GESON

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

NOTICE IS HEREBY GIVEN: That the Department of Social and Health Services (DSHS) claims that Allen R. Feller DOB: 03/29/68 owes a debt for past due child support. That DSHS files a lien in the amount of \$ 17632.00 in Skamania X All real and personal property of the debtor, and/or Ŕ. The property described below

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

- Cult	
Authorized Representative	

STATE OF WASHINGTON

I certify that **B. Austin** who signed the above.

County of Clark

appeared before me and is known to me as the individual

SUBSCRIBED AND SWORN to before me on __ 5 - 8 - 92

55.

Lictor NOTARY PUBLIC in and for the State of Washington residing at Jancouver

Inquiry shall be made to:
OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269

(206) 690-4676

In reply, refer to: D#: 798066

NOTICE AND STATEMENT OF LIEN DSHS 9:232 Rev 1 89; 1FG REL 2121,

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

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

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Max 11 14 18 11 32

NOTICE IS HEREBY GIVEN:	GART IL GESON
That the Department of Social and Health Services (DSHS) claims that <u>Allen R. Feller SSN: 537-92-5866</u> DOB: <u>03/29/68</u> owes a debt for past due child support.	
That DSHS files a lien in the amount of \$ 17632.00 in Skamania County	on:
A. All real and personal property of the debtor, and/or	
B. The property described below	
Authorized Representative	
STATE OF WASHINGTON)	
County of Clark I certify that B. Austin who signed the above. SUBSCRIBED AND SWORN to before me on 5-8-93 Open a. Determination of the county of the	3
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269	

In reply, refer to: D#: **798066**

(206) 690-4676

(FG REL 112).

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