

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

NOTICE AND STATEMENT OF LIEN (RCW 74,20A,060)

NOTICE IS HEREBY GIVEN:			•
That the Department of Social and Health Service SSN: DOB: 01/02/55 ower	es (DSHS) claims that Mess a debt for past due ch	onica L. Chedester hild support.	-
That DSHS files a lien in the amount of \$ 19	17.01 in Clark	County on:	
A. All real and personal property of	the debtor, and/or		
B. The property described below			
		. (7)	
	ΛI		
	Authorized Repr	Who Bouty esentative	
STATE OF WASHINGTON)			-
County of Clark) ss.	$\times / / /$		-
I certify that <u>C. Bailey</u> who signed the above. SUBSCRIBED AND SWORN to before me on		e me and is known to me as the individua	i
100	NOTARY PUBLI	C in and for the State of Washington	:
o	residing at <u>C</u> My commission	expires on, 19 26 FILED FER RECORD	,
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST		BY DSHS Jun Z iz 34 cm 182	
P O Box 4269 Vancouver WA 98662-0269		9. Sowny	i
(206) 690-4753		GARTE, OLSON	
In reply, refer to: D#: 796487 NOTICE AND STATEMENT OF LIEN: DIRS 3:25 For 3:391		Indexed, Dir O Indirect D Filmed 4/9/472	-