

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

RECORD DSHS

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

SEP 20 1142 10 92

NOTICE IS HEREBY GIVEN:		GARY	a. Olsbn
That the Department of Social and Health Serv SSN: DOB: 05/03/52 ov	vices (DSHS) claims that <u>Gary_Lester</u> wes a debt for past due child support.	fuckey	interest the fa-
That DSHS files a lien in the amount of \$8.		_ County on:	Indirect D
All real and personal property of the debtor, and/or			Mailed
B. The property described below THIS LIEN IS IN ADD	OITION TO LIEN FILED 10-17-91	0	
STATE OF WASHINGTON)) ss. County of Clark)	Authorized Representative	re-	
I certify that <u>V. Epperson</u> who signed the above. SUBSCRIBED AND SWORN to before me on	appeared before me and is known	town to me as	the individual
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269	NOTARY PUBLIC in and for the residing at	ie State of Was	shington , 19 24
(000) 000-0000			
In reply, refer to: D#: 833759		. 	

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