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BOOK 131 PAGE 287

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

FILL FOR PECORD DSIIS

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

Oct 8 4455 77 192

GARTA OLSON

NOTICE IS HEREBY GIVEN:

That the SSN:	ne Dep	artment of Social and Health Se		SHS) claims that Jeffre bbt for past due child sup		
-			•	·	pport.	
That D	SHS fil	es a lien in the amount of $5_{\underline{19}}$,654.51	in Skamania	County on:	Registeri :
X	A. All real and personal property of the debtor, and/or					Indirect /o
	В.	The property described below	r			Filmed 10/2019
				.02	Ruch.	
				Authorized Represental	live	
				A₹. U	4.7	
STATE	OF W	ASHINGTON)			,	
Count	y of <u>C</u>) ss. lark)	Ç			
I certif	y that	D. Becker		appeared before me a	nd is known to me as I	the individual
who si	gned t	he above.	4		1	
SUBSC	RIBED	AND SWORN to before me on		1-8-90	1.41	
			Ĵ	Hlon	Brown	
=		11/		NOTARY PUBLIC in an residing at	1 Citetti	hington
				My commission expirés	onN	
OFFIC	E OF S	oe made to: UPPORT ENFORCEMENT	(1		
	39th Ox 42		Th.			

In reply, refer to: D#: 359779

(206) 690-4678

Vancouver WA 98662-0269

NOTE FANDSTATEMENT FRIEN Fe : 1 451