

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

NOTICE AND STATEMENT OF LIEN (RCW 74.20A.066)



| NOTICE IS HEREBY GIVEN: | | STEVENSIA, WASH |
|--|--|--|
| Inat the Department of Social and Health Servision: 562–06–9929 DOB 05/03/60 ox | rices (DSHS) claims that <u>Clarence M. Rhoades</u> wes a debt for past due child support. | 4.06 NS 8 CO. 12 |
| That DSHS tiles a lien in the amount of \$ 107 | 8.20 in Skamania County c |))); |
| X All real and personal property | | |
| ☐ B The property described below | | |
| | Authorized Representative | 31 |
| STATE OF WASHINGTON,) SS. County of Skamunice) SS. I certify that Salmy Nichelson who signed the above. | appeared before me and is known to me | as the individual |
| SUBSCRIBED AND SWORN to before me on _ | 10 06-91 7110-Position | 4 |
| | NOTARY PUBLIC in and for the State of Versiding at (1) (2) (1) (3) (4) (5) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6 | . 10 93 |
| Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269 | of the state of th | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (000) 000-0000 | m in the state of | 2000 |
| In reply, refer to: D#: 817766 | Registered p ² | "" J M 7 , |

NOTICE AND STATISHEN OF HEN-CORS 3-267 Rev. 1-89 FC 881-10-91

In sexed, Lir Indirect | 12/13/91

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