

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:	S. O.P.M.
That the Department of Social and Health Services (DSHS) SSN: 452-76-5965 DOB: 06/29/4& owes a debt fo	
That DSHS files a lien in the amount of \$4090, 47 in \$	Skanania County on:
A. All real and personal property of the debtor	, and/or
B. The property described below	
ĀŪt	Quille C. MBrudt Grized Representative
STATE OF WASHINGTON)	· · · · · · · · · · · · · · · · · · ·
County of <u>CLARK</u>) ss.	
who signed the above.	peared before me and is known to me as the individual
SUBSCRIBED AND SWORN to before me on Wesen	1. 100
NC resi	TARY PUBLIC in and for the State of Washington ding at
My Contic 1	commission expires on Juff , 1975
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269	
(206) 696-6632	Registered D.3
to analy what to	Indexed, Dir 10
In reply, refer to: D#: 696643	Filmed 12125191

NOTICE AND STATEMENT OF LIEN DSHS 9-282 (Rev. 1/89) (FG REL:11:91)