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BOOK 128 PAGE 171

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

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

FILED FOR HECORD SKAMANIA CO. WASH BY DSHS

APR 14 12 33 11 '92 J. Jowny ALUITOR GARY M. OLSON

NOTICE IS HEREBY GIVEN:

SSN:	541-56	artment of Social and Health Services -2470 DOB; 10/28/48 owes a es a lien in the amount of \$ 28910	debt for past due child sup	
x	Α.	All real and personal property of th		
	B.	The property described below		Registered D Indexed, Dir 10 Indirect 10 Filmed 1120 192 Mailed
			Authorized Representati	R Correct
STATI	e OF W	ASHINGTON) ss.	7 67 18 16	
Coun	ty of <u>C</u>			
who s	signed fl	J. Garrett ne above. AND SWORN to before me on	appeared before me an	d is known to me as the individual
Γ	35.7	() () () () () () () () () ()	Morrene o	E afente
		ous	residing at	for the State of Washington
		e made to:	My commission expires	6) <u>9/10</u> , 10 <u>93</u> .
b O	W 39th Box 42	ST		
(206) 690-	4758		
In rep	oly, refer D#:	to: 881917		
	282 (Rey. 1/8	KENT OF LIEN 9)		(1368 920408 131914)