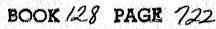
113541





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 RECOUND SKAMANIA TO WASHI

MAY 18 3 19, 111 " W Sourcy CARY M. OLSON

NOTICE IS HEREBY GIVEN:		
That the Department of Social and Health SSN: 532-58-3181 DOB: 01/14/52	Services (DSHS) claims that Michae owes a debt for past due child su	1 R. Zuwalt pport.
That DSHS files a lien in the amount of \$_	30026.66 in Skamania	County on:
X A. All real and personal prope	erty of the debtor, and/or	Registered p
☐ B. The property described be	low	Indexed, Dir o Indirect e Filmed 5/22/92 Mailed
	Authorized Representa	ative
STATE OF WASHINGTON) ss. County of Clark)		
I certify that R. Fisher who signed the above. SUBSCRIBED AND SWORN to before me	On 111 an	and is known to me as the individual
	Monre	E. Valente
	residing at My commission expire	ng/or the State of Washington es on 9/10, 19 93.
Inquiry shall be made to: OFFICE OF SUPFORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269 (206) 690-4677		

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

In reply, refer to: D#: **67629**4

(0824:920513:172819)