

113644

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STATE OF WASHINGTON
DEPARTMENT OF SC TIAL AND HEALTH SERVICES
OFFICE OF SUPPLIRT ENFORCEMENT (OSE)

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

NOTICE IS HEREBY GIVEN:			
That the Department of Social and Health Service SSN: 542-88-1886 DOB: 07/19/60 owes	es (DSHS) claims that Timoth s a debt for past due child su	ny A. Branton pport.	
That DSHS files a lien in the amount of \$30	00.00 in Skamania	County on:	
X A. All real and personal property of	the debtor, and/or		
☐ B. The property described below			
	Authorized Representa	Amran	
	_^* (4.0	
STATE OF WASHINGTON) ss.	~ C ~ X	J	
County of Clark			
	$X = X \rightarrow X$	1	
I certify that S. Parr who signed the above.	appeared before me	and is known to me as	the individual
SUBSCRIBED AND SWORN to before me on	Quoan a	. Octor and for the State of Was	shington
PUBLIC	residing at <u>Tan</u> My commission expire	es on <u>/-/5</u>	, 19 92
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269		FILED FOR RESKAMANIA CO. BY	WASH
(800) 345-9984		GARY M. OL	
In reply, refer to: D#: 887341 NOTICE AND STATEMENT OF LIEN DSHS 9-282 (Rev. 1/89) Registered O Indixed, Dir O Indixed, Dir O Indirect Filmed 6/9/97 Mailed		GART F1. OL.	
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