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

BY DSFIS

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

BEC 36 4 47 1.11 92 Xaury

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NOTICE IS HEREBY GIVEN:

EL ALL THE THE SECTION OF SECTION OF SECTION S	VALUE OF BUILDING TO BE A SECOND TO
That the Department of Social and Health Se SSN: 538-78-6966 DOB: 05/29/63	enices (DSH5) claims that <b>Nels Paul Madsen Jr</b> owes a debt for past due child support.
That DSHS files a lien in the amount of \$	650.00 in Skamania County on:
X A. A!! real and personal property	y of the debtor, and/or
B. The property described below	w .
	ing stell
	Incred Filmed
	Poarleara Kultar Authorized Representative
CTATE OF MIACLINICTOR	CX
STATE OF WASHINGTON ) ss. County of Clark )	
I certify that <u>Barbara Kuhar</u> who signed the above.	appeared before me and is known to me as the individual
SUBSCRIBED AND SWORN to before me an	12-29-92
	sugnid Rosada
4 11	NOTARY PUBLIC in and for the State of Washington residing at Cancou S
	My commission expires on $8-10$ , 19 93
	Approve to

Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269

(206) 690-4680

In reply, refer to: D#: **846581** 

NOTICE AND STATEMENT OF LIEN DBHS 9-282 (Rev. 1769) (FG REL. 1797) 217070 2017070 2017070

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