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

## NOTICE AND STATEMENT OF LIEN (RCW 74.20A.0b0)

BCOK /33 PAGE 284 FILED FOR HECORU SPAN DSHS

NOTICE IS HEREBY	GIVEN:	
the second the tennestrates to		

That the Department of Social and Health SSN: 544-64-0606 DOB: 06/24/53	Services (DSHS) claims that <b>Rickey</b> owes a debt for past due child sup	A. Lee
That DSHS files a lien in the amount of \$		County on:
X A. All real and personal prope		
B. The property described bel	ow	#HP THIES
		Helica ( ) a superior property of food
		2/16/193
	1 /2	ST - W7 FB INVESTIGATION
	A. Mus	
	Authorized Representat	tive
STATE OF WASHINGTON		
County of Clark	- P. (	4
	1011	
I certify that <b>K. Muir</b> who signed the above.	appeared before me a	nd is known to me as the individual
SUBSCRIBED AND SWORN to before me of	on <u>22-3-93</u>	
	1 Du gm: a	R Inda
	NOTARY PUBLIC in ar residing at	nd for the State of Washington
	My commission expire	
		.michilian.
Inquiry shall be made to:		arrante & I M & Partie
OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST		217000
P O Box 4269 Vancouver WA 98662-0269	1 1	Q Fron S
(206) 690-7288		O CONTRACTOR
		Marie III
In reply, refer to:		

NOTICE AND STATEMENT OF HEN DSHS 9-202 (Rev. 189) (FG REL.1193)

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