

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

 $S \in \mathbb{R}^{n}$ BY PSHS PH 103

FILET - SERECORD

BOOK 133 PAGE 488

NOTICE AND S	74.20A.060)
NOTICE IS HEREBY GIVEN:	GART - OFSON
That the Department of Social and Health Services (DSF SSN: 536-50-6509 DOB: 07/05/49 owes a deb	
That DSHS files a lien in the amount of \$ 2404.20	in Skamania County on:
A. All real and personal property of the de B. The property described below	btor, and/or
	Authorized Representative
STATE OF WASHINGTON) ss. County of Clark)	
I certify that K. Muir who signed the above.	appeared before me and is known to me as the individual
SUBSCRIBED AND SWORN to before me on	16-93 Ougnid R Hadan
	NOTARY PUBLIC in and for the State of Washington residing at My conunission expires on 70, 19 9 3

111 W 39th ST P O Box 4269 Vancouver WA 98662-0209

(206) 690-7288

In reply, refer to: D#: **814790**

NOTICE AND STATEMENT OF LIENDSHS 9-282 (Rev. 1-89) (FC REL.11-91)

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