

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

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

SKAMANIA CO. WASH MAR 17 12 40 PM 193
P. Lowry
GARD SON

115815 NOTICE IS HEREBY GIVEN:		OK 134	PAGE /53
That the Department of Social and Health Service SSN: <u>531-72-3261</u> DOB: <u>06/25/59</u> owe	es (DSHS) claims that Richard s a debt for past due child sup		
That DSHS likes a lien in the amount of \$19		Cour	ity on:
. I	the debtor, and/or		
A. All real and personal property of B. The property described below		ذ	(O.)
	Authorized Representa	Nije ulve j	ward_
STATE OF WASHINGTON) ss. (County of Clark)		ŀ	1
I certify that K. Nygaard who signed the above.	appeared before me	and is kno	ne as the individual
SUBSCRIBED AND SWORN to before me on _	NOTARY PUBLIC In	and for the St	a company of the comp
	residing at (V) (A) My commission expire	The Ot	TON AN COO
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P U Box 4269 Vancouver WA 98662-0269			
(000) 000-0000			Registered O
In reply, refer to: D#: 813927			Indexed, pir Indirect Filmed Mailed
O CENTERALIST COFFE SAN			