

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

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

117232

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

GARY M. OLSON

NOTICE IS HEREBY GIVEN:

That the Department of Social and Health Services	
SSN: <u>537-54-0791</u> DOB: <u>12/91/54</u> or es	a debt for past due child support. BOOK/37 PAGE 843
That DSHS files a lien in the amount of \$ 5375.00	
X A. All real and personal property of the	ie debtor, and/or
☐ B. The property described below	
	Authorized Representative
STATE OF WASHINGTON)	
County of Clark) ss.	
I certify that A. Yong	appeared before me and is known to me as the individual
who signed the above.	appeared detote the and is known to the as the individual
SUBSCRIBED AND SWORN to before me on	Estember 2, 23
and subjects.	A. M.L
/4 500 C	NOTARY PUBLIC in and for the State of Washington
5 2014	residing at Chark Co
Secus Secus	My commission expires on $9/10$, 19 93 .
10.36	
Inquiry shall be made to:	
OFFICE OF SUPPORT ENFORCEMENT	
P O Box 4269 Vancouver WA 98662-0269	
(206) 696-6391	
	Registered 1. Indexed, Gir 10.
In reply, refer to: D#: 805824	Indirect 1
	Filmed

NOTICE AND STATEMENT OF LIEN DSHS 9-282 (Rev. 1/89)

Mailed

(FG REL:11/91) (1871:930901:154534) BC5824