



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

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

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

Dec 30 2 33 PM '93

*P. Lowry*  
AUDITOR

GARY M. OLSON

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118370

NOTICE IS HEREBY GIVEN:

That the Department of Social and Health Services (DSHS) claims that Christian H. Anderson  
SSN: 367-42-0015 DOB: 05/18/41 owes a debt for past due child support.

That DSHS files a lien in the amount of \$ 100.00 in Skamania County on:

- ☒ A. All real and personal property of the debtor, and/or  
☐ B. The property described below

*[Signature]*  
Authorized Representative

STATE OF WASHINGTON )

County of Clark )

I certify that G. Terney appeared before me and is known to me as the individual who signed the above.

SUBSCRIBED AND SWORN to before me on 12-28-93



*[Signature]*  
NOTARY PUBLIC in and for the State of Washington

residing at Clark County

My commission expires on March 30, 1996

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

(206) 696-6391

In reply, refer to:  
D#: 1018187

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