

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

## NOTICE AND STATEMENT OF LIE!

FILED FOR RECORD
SKAMARIA CO. WASH
BY 125#5
FEB 8 4 37 PN '94
AUDITOR
GARY M. OLSON

118712		GARYM. OLSON	
NOTICE IS HEREBY GIVEN:		BOOK /	44 page 37/
That the Department of Social and Health Service SSN: 535-72-9628 DOB: 07/23/62 owes	es (DSHS) claims that <u>Elizabeth</u> a debt for past due child suppor	J. Jones	
That DSHS files a lien in the amount of \$ 142	28.41 in <u>Skamania</u>	County	oni
🕱 A. All real and personal property of	the debtor, and/or		
<b>日</b> B. The property described below			
	A Rose		
	Authorized Representative		
STATE OF WASHINGTON )  County of Clark )			
I certify that S. Leavell. who signed the above.	appeared before me and i	ls kitown to m	e as the individual
SUBSCRIBED AND SWORN to before me on	Feb 1, 1994		
	-5,	<u>5</u> 1,	
(A)	NOTARY PUBLIC in and for	or the State of	Washington)
3 4 0 TAA	residing a land	r Carena	
The state of the s	My commission expires on	· IEM	<u> </u>
- Constitution of the Cons			
Inquiry shall be made to:  OFFICE O "PORT ENFORCEMENT  111 W 39th " P O Box 426.  Vancouver WA .9662-0269			
(206) 696-6391/YDD 690-4633			Registered o
			Indexed, Dr In
In reply, refer to:			Indirect b Filmed
D#, 462397			Mollari

NOTICE AND STA CT LIEN DSH'S 9-XUZ (REV. 1709);

(FG REL:11/91) (2541 940201-08270.) 462397