

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH :: ERVICES OFFICE OF SUPPORT ENFORCEMENT (")SE)

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

FILED FOR REGURD SKAMANIA CO. WASH BY DSHS

Man 16 12 06 PH 194 ON

118929 NOTICE IS HEREBY GIVEN:	AUDITOR GARY M. OLS
That the Department of Social and Health Services SSN: 536-72-1032 DOB: 06/11/69 owes a	BOOK 141 PAGE 91
That DSHS files a lien in the amount of \$ 4233 X A. All real and personal property of the	.00 in Skamania County on:
B. The property described below	e debtor, and/or
	Authorized Representative
County of Clark) ss,	
I certify that J. Burkhead who signed the above.	appeared before me and is known to me as the individual
SUBSCRIBED AND SWORN to before me on 110 m	Nr. 15, 1994
POTARY CONTRACTOR	NOTARY PUBLIC in and for the State of Washington
TO VOLLOV &	residing at Janeouto Control My commission expires on 9-10, 19 97
OF WASHInquin shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-026	

In reply, refer to. D#: 785806

(206) 696-6391/TDD AVAIL.

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CONTRACT OF CO.		company.



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FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

Har 16 12 06 PH 194 N

NOTICE IS HER	B929 Reby Given:				AUDITOR O GARY M. C. SO
That the Depart SSN: <u>536-72-1</u>	ment of Social .032 DOB:	and Health Services 06/11/69 owes a	(DSHS) claims that Bryan W. a debt for past due child suppo	BOOK Phelps	141 PAGE 916
That DSHS files A.	a lien in the an All real and per	nount of \$ 423 3 sonal property of the escribed below	1.00 in Skamania	County	on:
STATE OF WASH County of Clar		} } \$3,	Authorized Representative	rax	
Inquiry shall be ma OFFICE OF SUPPO 111 W 39th ST P O Box 4269 Vancouver WA 9	BLICANDE TO STAR P. C. WASHINGTON CO. C.	efore me on Ma	appeared before me and is A 16, 1994 NOTARY PUBLIC in and for residing at Vancoutt My commission expires on	con out de the State of V	Vashungton
(206) 696-6391,	TDD AVAIL.				Moreover at

In reply, refer to: D#: 785806

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