



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 State of WA DSHS

APR 1 12 22 PM '94

P. Johnson

AUDITOR
GARY M. OLSON

119088

NOTICE IS HEREBY GIVEN:

That the Department of Social and Health Services (DSHS) claims that Sharyle L. Ader BOOK 142 PAGE 315
SSN: 537-58-4118 DOB: 05/02/54 owes a debt for past due child support.

That DSHS files a lien in the amount of \$ 262.00 in Skamania County on:

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

B. Shannon
Authorized Representative

STATE OF WASHINGTON)
County of Clark) SS.

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

SUBSCRIBED AND SWORN to before me on 03-31-94



Ellen Vander Veen
NOTARY PUBLIC in and for the State of Washington
residing at Clark County
My commission expires on 5-1 19 97

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

(206) 696-6391/TDD AVAIL.

In reply, refer to:
D #: 990929

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