

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

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

FILED FOR RECORD SKAMANIA CO. WASH BY DENS

AUDITOR GARY M. OLSON

That he Depa	EREBY GIVEN: 1 9875 Intment of Social and Health Services - <u>8863</u> DOB: <u>11/19/55</u> owes a	(DSHS) claims that <u>Jame</u> debt for past due child s	AND EDNE 18 AND	PAGE 246
	s a lien in the amount of \$	56 in Skamania	County on:	
A.	All real and personal property of th	e woter, and/or		1.7
E. 8.	The property described below	<u>CUCHO</u> L	sour	
Swifte OF WA County of <u>C1</u> I certify that C who signed the	SS. SS.	Authorized Represent	and is known to me as	the individual
	IND SWORN to before me on $O($	21-94 Ellin Va	nder Veen	
Applicated at a Management physician conserva-		residing at My commission expire		iningi on
111 W 39th a P O Box 4269	PPORT EMPORCEMENT			
	91/TDD AVAIL.		Constant	ATROSTOPIN
in reply, refer to D#: 1): D71.486		Version	Morsed, til Indived Please

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