

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

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

SEP 9 1 16 PH '94 Q: Kawri AUDITOR GARY M. OLSON

## NOTICE AND STATEMENT OF LIEN

(RCW 74.20A)

120504			
The Department of Social and Health Social security + mber 540-58-3065	ervices (DSHS , date of b	) claims that <b>Leo R. Mo</b> o sirth <b>03/01/55</b> owes a d	Note ROOK ///S PAGE //
DSHS files a lien in the amount of \$ _			County on:
1. G All real and personal pr	operty of the	above-named debtor (exc	ept Tribal Trust property), and/or:
2.			
		*	
		CIL	J
	<b>S</b>	S ta	elen a. Yungen
		OFFICE OF SUP	esentative PORT ENFORCEMENT
State of Washington			
County of Thurston	) SS. )		
I certify that S. Youngen		appeared befo	ore me and is known to me as the
individual who signed the above.			
Date: <u>9/1. /94</u>		= $u$	roula Guylord
	- 17	Notary Public	
		My appointme	ent expires <u>15/1/96</u>
			GULA GAYON
			Jr. Jiselov A. 18
			* SNOINNY
Firect questions to: OFFICE OF SUPPORT ENFORCEMENT			COLUBUIC DO SE
6135 Martin Way			OF WASHING

Olympia Wa 98504-9209 (206) 438-8510

in reply, refer to:

Case #: 1039337

NOTICE AND STATEMENT OF LIEN DEHS (19-282 (Rev. 12-9))

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