

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

NOTICE AND STATEMENT OF LIEN (RCW 74,20A)

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SKA	MAN	11A	CQ.	WAS	H
BY		DS	5 <i>H</i> S.	MINE WIN	-

SEP 19 9,45 AM '94

GARY M. OLSON

120570

icial security i	nt of Social and Health S number <u>516-72-7535</u>	, date of b	irth owes a d	ebt for past-due child support.
SHS files a lie	en in the amount of \$	2500.00	in <u>Skamania</u>	County on:
□ 3	All real and personal p	roperty of the	above-named debtor (exc	ept Tribal Trust property), and/or:
	The property described	d below.		
			A .	
			Q = 0	
		- (Nuthorized Rep	resentative
		٠,	OFFICE OF SUI	PPORT ENFORCEMENT
ate of Washi	ngton)) ss.		
ounty of <u>Cla</u>	ırk)		
certify that	B' KUHAR signed the above.		appeared bef	fore me and is known to me as the
				V ·
ate: SEN	<u>5-64</u>		- Ju	son a. Vieron
	10746		Notary Public	
	varie - J		My appointr	nent expires \(\frac{1-15-96}{}{}
0,	16. 18 to			
	林 孝子 ** *			

Direct questions to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269 (800) 345-9934

In reply, refer to:

Case #: 1091860

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(FG REL:08/94) (2545:940309:093640) 1091880