



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

NOTICE AND STATEMENT OF LIEN

120618

(RCW 74.20A)

BOOK 145 PAGE 994

The Department of Social and Health Services (DSHS) claims that **Steve L. Porter**
social security number **574-68-4999**, date of birth **09/11/68** owes a debt for past-due child support.

DSHS files a lien in the amount of \$ **12,180.00** in **Skamania** County on:

1. ☒ All real and personal property of the above-named debtor (except Tribal Trust property), and/or:
2. ☐ The property described below.


Authorized Representative
OFFICE OF SUPPORT ENFORCEMENT

State of Washington)
County of **Clark**) ss.

I certify that **J. Burkhead** appeared before me and is known to me as the individual who signed the above.


Date: **9-21-94**


Notary Public

My appointment expires **3-5-97**

FILED FOR RECORD
SKAMANIA CO. WASH
BY **DSHS**

SEP 23 11 51 AM '94


AUDITOR
GARY M. OLSON

Direct questions to:
OFFICE OF SUPPORT ENFORCEMENT
111 W 39th ST
P O Box 4269
Vancouver WA 98662-0269
(206) 696-6391

In reply, refer to:
Case #: **1082688**

Registered ☒
Indexed, Dir. ☒
Indirect ☒
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