

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

## NOTICE AND STATEMEN TOF LIEN

122093

(RCW 74.20A)

BOOK 149 PAGE 367

State of Washington  County of Clark  I certify that B. Bunoz Individual who signed the above.  Date: Coruling	A CONTRACTOR OF THE PROPERTY O
The property described below.  FILED FOR RECORD SKAMADA OF WASH BY AUDITOR AUDITOR JARY M. DLSON  State of Washington County of Clark  I certify that 8. Munoz individual who signed the above.	Brenda Munoz
FILED FOR RECORD SKAPATA ASH BY AVAILABLE WASH BY AUDITOR AUDITOR CARY M. OLSON  State of Washington County of Clark I certify that B. Bunoz individual who signed the above.  Date: County of Clark	Authorized Representative OFFICE OF SUPPORT ENFORCEMENT
SKAMANA OF WASH BY IB JOB PH '95 COUNTY AUDITOR CARY W. OLSON  State of Washington County of Clark I certify that B. Munoz individual who signed the above.	Apphonized Representative OFFICE OF SUPPORT ENFORCEMENT
SKAMANA OF WASH BY IB JOB PH '95 COUNTY AUDITOR CARY W. OLSON  State of Washington County of Clark I certify that B. Munoz individual who signed the above.	Authorized Representative OFFICE OF SUPPORT ENFORCEMENT
APR 18 JOS PH '95  AUDITOR  CARY M. OLSON  State of Washington  County of Clark  I certify that B. Bunoz  Individual who signed the above.  Date: County in	Apphorized Representative OFFICE OF SUPPORT ENFORCEMENT
AUDITOR SARY ALOUSON  State of Washington  County of Clark  I certify that B. Munoz Individual who signed the above.  Date: County is County in the County i	Bulla Wunty Apphanized Representative OFFICE OF SUPPORT ENFORCEMENT
AUDITOR  SARY (1. OLSON  State of Washington  County of Clark  I certify that B. Bunoz  Individual who signed the above.  Date: CPCUING	Apphonized Representative OFFICE OF SUPPORT ENFORCEMENT
State of Washington  County of Clark  I certify that B. Hunoz  Individual who signed the above.  Date: CPCUINGS	Agginarized Representative OFFICE OF SUPPORT ENFORCEMENT
State of Washington  County of Clark  I certify that B. Bupoz  Individual who signed the above.  Date: Corul 165	OFFICE OF SUPPORT ENFORCEMENT
County of Clark  I certify that B. Hunoz Individual who signed the above.  Date: Caruings	
certify that B. Hunoz Individual who signed the above.  Date: Qprus 35	
certify that B. Bunoz additional who signed the above.  Date: Caprus 35	
Pate: CROWINGS	
Date: <u>OprWi785</u>	ppeared before me and is known to me as the
(ASSECTION OF THE PROPERTY OF	and a successive to the 42 (us
MARRIE : 21	
Ministration of the second sec	D R
The state of the s	otary Public
O A Carlos A	dy appointment expires 309
S NOTA MARIE S NOT	
Control of principal and the state of the st	
frect questions to	
irect questions (d'''' EFICE OF SUPPORT ENFORCEMENT	
11 & MILL PLAIM BLDG 3	
O BOX 4269	Lawrence L
AKOUVER WA 98662-0269	Manage, bir L
206) 696-6391	Tricing

NOTICE AND STATEMENT OF LIEN DSHS 09-203 (Rev. 12-91)

(75 REL 06/84) (2131 950417 100050) 947387