

NOTICE AND STATEMENT OF LIEN DSHS 01-282 (Bov. 12/93)

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES OFFICE OF SUPPORT ENFORCEMENT (03E)

NOTICE AND STATEMENT OF LIEN

(RCW 74.20A)

123035

BOOK 151 PAGE 765

Indirect

Vailed

(FG RELIGE/94) (3061-950810:092547) 728333

The De	partmen ecuity i	t of Social and Health Services (DSHS) claims number 559-53-5248, date of birth 08	that Bauri S. Arveli /30/45 owes a debt for p	www.a.com. automorphics.com.
DSHS f	iles a lie	n in the amount of \$ 4664.42	Skaman	County on:
1.	[Z]	All real and personal property of the above-	named debtor (except Triba	d Trust property), and/or:
in the second	excend.	The property described below. This lien is in addition to and supplemental to a lien filed In Skamania county against MR. Arvell on July 30 1393		
			JOS.541 1	16.300 ZA
State o	f Washir	ngton)	Authorized Representative OFFICE OF SUPPORT ENE	ORCEMENT
County of Clark County of Clark				
I certify that J. Mendoza appeared before me and is known to me as the individual who signed the above.				
Date:	al who	signed the above.	Notary Public J	the mure
		TARRES STATES AND A STATES AND	My appointment exp	FILED FOR RECORD SKAMANIA CO. WASH BY DSHS
OFFICI 5423		PPORT ENFORCEMENT PLAIN BLDG 3)	Auc 14 1 32 PH '95 Parery AUDITOR
VANCO		A 98662-0269		AUDITOR CARY M. OLSON
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