

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

FEB 20 12 36 PH '96

AUDITOR

GARY M. OLSON

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

N. TICE AND STATEMENT OF LIEN

(RCW 74,20A)

| | | 124625 | | | BOOK /5 | 5 PAGE 599 | |
|---------------------------------------|------------------------------|--|-------------------------------|--|----------------------------|----------------------|--|
| The socia | Departm ai securit | nent of Social and Health S ty number <u>537–78 -7472</u> | Services (DSHS , date of b | claims that Laurie wirth 07/07/62 owe | A. Short a debt for past-d | ue child support. | |
| DSHS files a lien in the amount of \$ | | | | in Skamaniz | | County on: | |
| 1. | G | All real and personal p | operty of the a | above-named debtor | except Tribal Trus | t property), and/or: | |
| 2. | | The property described below. | | | | | |
| | | | | 6 | | | |
| | | | | M. D. Combo Authorized Representative OFFICE OF SUPPORT ENFORCEMENT | | | |
| State | of Wasi | nington | , | | | | |
| Coun | ity of <u>C1</u> | ark |) ss.) | | | | |
| l cert indivi | ify that <u>J</u> dual wh | N. Combs o signed the above. | | appeared | before me and is | known to me as the | |
| Date: | <u> 2-1</u> | <u>15-94 _</u> | | 316 | ami | Starton | |
| | | | | Notary Pub My appoi | ntment expires | J-1-J1 | |
| | | | | | | | |
| <u>L.</u> | | | | | | | |
| OFFIC | questio | INS to: JPPORT ENFORCEMENT L PLAIN BLDG 3 | | STAN | | | |
| P O I | 90X 426 | 59 VA 98662-0269 | | NO N | | | |
| in rep | ly, refer | to: | | NO WASHING | | indirect | |

NOTICE AND STATEMENT OF LIEN DSH5 09-282 (Rev. 12/93)

Case #: 1106173

(FG REL:09/95) (2639:960213:180614)/ 1106173/2639

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