

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

## OFFICE OF SUPPORT ENFORCEMENT (OSE)

NOTICE AND STATEMENT OF LIEN (RCW 74,20A) FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

Jal 30 4 28 PH '96

Courty

AUDITOR

GARY M. OLSON

	125870			BOOK 158	PAGE 695
The Departme social security	ent of Social and Health S	ervices (DSHS) clain , date of birth <u>0</u>	ns that <b>James D. W</b> 4/13/61 owes a 'c	Inters ebt for past-due ci	vild support.
DSHS files a li	ien in the amount of \$	<b>600.00</b> in	Skavania	County of	n:
1. 😉	All real and personal pro	operty of the above	-named debtor (exce	pt Tribal Trust pro	perty), and/or:
2. 🗆	The property described	below.	,	<b>\</b> '/	<b>P</b>
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			<b>4</b> ,	nomel	and
		- X	Authorized Repr	esentative PORT ENFORCEMENT	
State of Wash	ineton				
		SS.			
County of Cl					
I certify that K	o signed the above.	en annual (applications	appeared befo	ore me and is know	vn to me as the
Date:	2596		Elle	on Var	ervean
	W. W. Se.	S. Same	Notary Public	AV=	カレヘつ
	DE NOTAR L		My appoin.m	ent expires	<u> </u>
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	Carrie 100	\$/I			
L	WASY				
Direct questio					
	JPPORT ENFORCEMENT  L PARE BLOG 3			en er er Grande er	
P O BOX 426	59				SMINNES /
VANCOUVER V	WA 98662-0269				Indexed, Dir

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

Case #: 492851

(360) 696-6391

In reply, refer to:

(FG REL:09/95) (2922:960735:180826)/ 492851/2922

Indirect Filmed

Mailed