

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

NOTICE AND STATEMENT OF LIEN

(RCW 74.20A)

FILED FOR RECORD SKAMANIA GO. WASH BY DSHS

SEP 17 3 42 PM '96

Plant
AUDITOR

GARY M. OLSON

| 126245 | | | BOOK 159 PAGE 576 |
|---|------------------------------------|--|-------------------------------------|
| he Department of Social and Health Social security number | ervices (DSHS) o , date of birt | laims that John T. Qu h 07/08/66 owes a c | lebt for past-due child support. |
| SHS files a lien in the amount of \$ | 4,015.00 | in <u>Skamania</u> | County on: |
| All real and personal pr | operty of the ab | ove-named debtor (exc | ept Tribal Trust property), and/or: |
| ☐ The property described | below. | | |
| | | | |
| | | - A - 1 | |
| | | | nn Die |
| | | Deve | my M. Vitherform |
| | | Authorized Re OFFICE OF SU | PPORT ENFORCEMENT |
| tate of Washington |) | | |
| County of Clark |) ss. | | |
| certify that D. Pitchford | | appeared be | fore me and is known to me as the |
| ndividual who signed the above. | | | |
| 1000 | 1 | | A State |
| Date: 9-12-96 | - F | Notary Public | my marion |
| | | My appoint | ment expires 7-/-99 |
| | - 1// | | |
| | | | |
| | | | |
| Direct questions to: | | STANTON N | |
| OFFICE OF SUPPORT ENFORCEMENT | | OTAD O | |
| All E MILL PLAIN BLDG 3 O BOX 4269 | | * | |

NOTICE AND STATEMENT OF LIEN DSHS 09-262 (Rev. 12/93)

Case #: 855671

1247770

(360) 696-6391

In reply, refer to:

indexed, Cir tradirect Filmed Misled

fry stores

(FG REL:08/95) (3062:960911:180604)/ 855671/3082