

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 SKAKANIA CO. WASH BY DSHS___

OCT 4 4 7 PH '96

PLOOPY
AUDITORY
GARY M. OLSON

| The Department of Social and Health social security number | date of b | irth 11/61/74 owes a d | ebt for past-due child support. |
|---|-------------------|-----------------------------------|-------------------------------------|
| DSHS files a lien in the amount of \$ | 7,744.00 | in Skamania | Cour ty on: |
| 1. All real and personal | property of the a | bove-named debtor (exce | ept Tribal Trust property), and/or: |
| 2. The property describ | ed below, | | |
| | S | Authorized Repr OFFICE OF SUPI | Wereld esympative POR ENFORCEMENT |
| State of Washington | 1 | | |
| County of King |) SS. | | |
| certify that D. Hengevs:1d ndividual who signed the above. | | appeared befo | we me and is known to me as the |
| Date: 10/3/94 | | Notary/Puch | altread |
| | \neg (| My appointme | ent expires <u>09/23/90</u> |
| | | | N. BUA |
| | | / * | NOTAA |
| Direct questions to: DFFICE OF SUPPORT ENFORCEMENT | | ξ _ω | O PUBLIC A |
| 500 First Avenue S | | | (A) 1986/ |
| 45: N17-28 | | | WASH Megimerou |
| Peattle Wa 98104-2830 (206) 464-7020 | | | Indexed, Dir |
| n reply, refer to: | | | Filmed |
| Case #: 1055502 | | | Malled |

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

(FG REL:09/95) (2286:960929:061427)/ 1055502/2266