

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

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

Dec 10 9 19 AN '96 AUDITOR GARY M. OLSON

NOTICE AND STATEMENT OF LIEN

(RCW 74,20A)

136881	BOOK 161 PAGE 245
The Department of Social and Health Services (DSHS) cl social security number, date of birth	1 05/3 72 owes a debt for past-due child support.
DSHS files a lien in the amount of \$ _11,665.00	
1. All real and personal property of the abo	.ned debtor (except Tribal Trust property), and/or:
2. The property described below.	
Maraka Najaran 🐙	
	Mun
	Authorized Representative
Child of the control of	OFFICE OF SUPPORT ENFORCEMENT
State of Washington)	
County of Clark	
i certily that K. Muir individual who signed the above.	appeared before me and is known to me as the
andividual with signical title above.	
Pate: 12 / L / 4 L.	1 11 1
	Notary Public
	My appointment expires 4/15/2000
	& Serviced
Direct questions to:	MET WORK
OFFICE OF SUPPORT ENFORCEMENT	
5411 E MILL PLAIN BLDG 3	MINING
P O BOX 4269	Mailed
VANCOUVER WA 98662-0269	Valla Black
(360) 636-6391	100 minutes
In renly take to	Self MA SU

(FG REL:00/9"; (0623:9612/4:100927)/ 108376//0623

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

Case #: 1083762

In reply, refer to:

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