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GRANTOR(S) (Last name, first, then first name and initials)	
1. Mark A. Vohagen 2.	
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1. State of WA, DSHS	4
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## BOOK /6/ PAGE 703

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

## NOTICE AND STATEMENT OF LIEN

(RCW 74.20A)

The Department of Social and Healt social security number	Services (DSHS) date of bi	claims that <b>Mark A. Ve</b> rth <b>06/27/6?</b> owes a d	rhagen ebt for past-due child support.
DSHS files a lien in the amount of \$	528.82	in <b>Skamania</b>	Count/ on:
1. All real and personal	property of the al	bove-named debtor (exce	ept Tribal Trust property), and/or:
2	ed below.		
		Authorized Rep	resentative PORT ENFORCEMENT
State of Washington	, 7	Office of 36	ON EN ONGENERY
County of Clark	) ss. )	1 1	1
I certify that I. Canonica individual who signed the above.  Date: 12.27.46	ELA MO	appeared before Notary Public	sore me and is known to me as the
Direct questions to:	UBLIC START	My appointm	nent expires 9.1 44
OFFICE OF SUPPORT ENFORCEMEN	IT .	- 10	
5411 E MILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER WA 98662-0269 (360) 696-6391	. 1		
In reply, refer to: Case #: 943069			
NOTICE AND STATEMENT OF LIEN DSHS 09-262 (Rev. 12/93)			(FG REL:( /85) (3520:601.21:182523)/ 943069/0865