

127067

BOOK 161 PAGE 732

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

JAN 6 2 37 PM '97

P. Lowry  
AUDITOR  
GARY M. OLSON

## RETURN ADDRESS:

Office of Support Enforcement  
PO Box 4269  
Vancouver, WA 98662-0269

Please Print or Type Information.

Document Title(s) or transaction contained therein:

1. Notice and Statement of Lien
- 2.
- 3.
- 4.

GRANTOR(S) (Last name, first, then first name and initials)

1. Steven G. Bremer
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_\_ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. State of WA, DSHS
- 2.
- 3.
- 4.

☐ Additional Names on page \_\_\_\_\_ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

N/A

☐ Additional Names on page \_\_\_\_\_ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

N/A

☐ Additional Names on page \_\_\_\_\_ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

N/A

☐ Property Tax Parcel ID is not yet assigned.☐ Additional Names on page \_\_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

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Marked



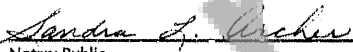
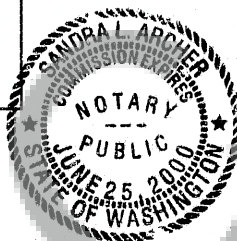


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BOOK 161 PAGE 733

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
OFFICE OF SUPPORT ENFORCEMENT (OSE)FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHSNOTICE AND STATEMENT OF LIEN Jan 6 2 37 PM '97  
(RCW 74.20A)G. Laury  
AUDITOR  
GARY M. OLSONThe Department of Social and Health Services (DSHS) claims that Steven G. Bremer  
social security number [REDACTED], date of birth 10/20/47 owes a debt for past-due child support.DSHS files a lien in the amount of \$ 37,620.06 in Skamania County on:

- ☒ All real and personal property of the above-named debtor (except Tribal Trust property), and/or:
- ☐ The property described below.

  
\_\_\_\_\_  
Authorized Representative  
OFFICE OF SUPPORT ENFORCEMENTState of Washington )  
County of Clark ) ss.I certify that V. Russell appeared before me and is known to me as the  
individual who signed the above.Date: 12-31-96  
\_\_\_\_\_  
Notary PublicMy appointment expires 6-25-2000Direct questions to:  
OFFICE OF SUPPORT ENFORCEMENT  
5411 E MILL PLAIN BLDG 3  
P O BOX 4269  
VANCOUVER WA 98662-0269  
(360) 696-6391In reply, refer to:  
Case #: **134709** **623159**NOTICE AND STATEMENT OF LIEN  
DSHS 09-282 (Rev. 12/93)(FG REL:09/95)  
(2640:861330:180318)/  
134709/2640Registered  
Indexed, Dir  
Indirect  
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Noted