

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

## NOTICE AND STATEMENT OF LIEN (RCW 74.20A.060)

SKAMANIA CO. WASH
B. DSHS

MAR 17 12 55 PM '93 Q. Lawry

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1314 337316 0858 27

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In reply, refer to: D#: **915436** 

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| NOTICE IS HEREBY GIVEN:                                 | BOOK /34 PAGE /56  |
| That the Department of Social and Health Serv           | ices (DSHS) claims that Jose F. Mariscal   |
| OX  | ives a debt for past due child support.  |
| That DSHS files a lien in the amount of S               | 350.00 in Skamania County on:  |
| 🕱 🧓 A. All real and personal property                   | of the debtor, and/or  |
| 1 The property described below                          |  |
|   |  |
|   | + ( / )  |
| en.   |  |
|   | 100-   |
| •   | Authorized Representative  |
|   | Administrative semants   |
| STATE OF WASHINGTON                                     |  |
| County of Clark ) ss.                                   |  |
| County of Clark   |  |
|   |  |
| I certify that L. Dhanens who signed the above.         | appeared before me and is known to me as the individual  |
|   | 3-16-93  |
| 3UBSCRIBED AND SWORN to before me on                    |  |
|   | Oraprid R. Rodan   |
|   | NOTARY PUBLIC in and for the State of Washington   |
|   | residing at (COCCO)  My commission expires on (COCCO)  |
|   | My commission expires on   |
|   | 37.25.01   |
|   | 31100  |
| Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT | Z ZVION  |
| 111 W /9th ST<br>P O Pox 4269                           |  |
| (Vancouver WA 98662-0269                                | OV A OLD   |
| (206) 690-4771!   | <i>(</i> )   |
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