

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

NOTICE AND STATEMENT OF LIEBY 3 11 12 1 193
(RCW 74.20A.060)

116145

ROOK 135 PAGE 30

GARY A. OLSON

NOTICE	IS	HEREBY	GIVEN:
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That the Depart	tinent of Social and Health Services (D	SHS) claims that <u>Kenn</u> ebt for past due child	
That DSHS files	s a lien in the amount of \$_5291.00		County on:
X A	All real and personal property of the o	debtor, and/or	
B .	The property described below:	•	
		Thondson	Jotte (8)
5 6 		Authorized Represe	ntative)
STATE OF WA	SHINGTON) SS.		
County of <u>C1</u>			
		W 30	
I certify that _ who signed th	T. Patterson ne above.	appeared before n	ne and is known to me as the individual
SUBSCRIBED	AND SWORN to before me on	April 27, 1993	
Inquiry shall be OFFICE OF S 111 W 39th P O Box 42	UPPORT ENFORCEMENT	residing at V	in and for the State of Washington ancouver pires on
(000) 000-	0000 cgistered		
In reply, refer D#:	r to: Fried Mailed		

NOTICE AND STATEMENT LE DSHS 9-241-887-159

FOREC 1151 (1733 930427 100313) 625165