

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

SKAHANE WASH BY DSHS

NOTICE AND STATEMENT OF LIEN (RCW 74,20A,060)

| | NOTICE AND |) STATEMENT (CW 74.20A.060) | OF LIEN JU | 4 4 12 46 PH 193 |
|--|------------------------|---|-----------------|--|
| 116379 | · | | | / \ / / ** |
| NOTICE IS HEREBY GIVEN: | | | .0 | CARYP. OLSO |
| That the Denartment of Social SSN DOB: | and Health Services (I | OSHS) claims that Wes lebt for past due child | BOOK 13 | |
| That DSHS files a lien in the an | nount of \$ 1092. | 00 in Skamania | | |
| | sonal property of the | | | Dunty on: |
| B. The property d | | | | |
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| | | Col control Represe |) / · |) Jurie |
| STATE OF WASHINGTON | | | | |
| County of <u>Clark</u> |) ss. | K I J | | |
| | | | ÷ . | 4 |
| I certify that G. Burris who signed the above. | | appeared before m | e and is known | to me as the individual |
| SUBSCRIBED AND SWORN to b | | | | to the as the individual |
| S ADTAR S | elole me on. Q | NOTARY PUBLIC in | and for the Sta | a La |
| AL PUBLICA | | residing of 12 | A | |
| - 19 19 19 19 19 19 19 19 19 19 19 19 19 | | My commission expi | ires on | <u>5</u> , 19 <u>97</u> |
| nguiry shall be made to: DFFICE OF SUPPORT ENFORCE 11 W 39th ST 2 O Box 4269 | MENT | | | |
| Ancouver WA 98662-0269 | | | | £ |
| 206) 696-6391 | | | | Registered |
| n reply, refer to: D#: 959139 | | | | Indexed, Cir. 16 Indirect (\$ 6 Filmed |
| | | • | | Mailed |

FG REL (191) 10728 930601 094037) 959139