

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

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

FILED FOR RECORD SKARLARY CO. WASH BY DSHS

SEP 16 1 29 PH '93

P. COWRY

AUDITOR

GARY M. OLSON

117344

NOTICE IS HEREBY GIVEN:	BOOK /38 PAGE 86
That the Department of Social and Health Services (D	
owes a d	lebt for past due child support.
That DSHS files a lien in the amount of \$ 354.0	00 in Skamania / County on:
X All real and personal property of the	debtor, and/or
B. The property described below	OBecker
	Authorized Representative
STATE OF WASHINGTON ) ss.	
County of <u>Clark</u> )	
I certify that _D. Becker who signed the above.	appeared before me and is known to me as the individual
SUBSCRIBED AND SWORN to before me on	01 15, 1993
OF WICHING	NOTARY PUBLIC in and for the State of Washington residing at  My commission expires on 19
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th: ST	
PO Box 4269 Vancouver WA 98662-0269	
(206) 696-6391	
In reply, refer to: D#: 879029	Registered Indexed, air D Indirect Filmed Mailed
NOTICE AND STATEMENT OF UPN DSHS 9-282-Pey-1-89	(EC FEE 1191) (0595 930914 142279) 879029