

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

NOTICE AND STATEMENT OF LIEN (RCAV 74.204.060)

FILED FOR RECORD
SKAHANIA CO. WASH
BY DSHS

Oct 22 3 11 PH '93

COWRY

AUDITOR

GARY M. OLSON

NOTICE IS HEREBY GIVEN: 117732 That the Department of Social and Health Services (D)	BOOK /38 PAGE 973
	ebt for past due child support.
	O in Skamania County on:
X A. All real and personal property of the debtor, and/or	
B The property described below	
	CM Holaam
STATE OF WASHINGTON) County of Clark) I certify that C. Hoban	appeared before me and is known to me as the individual
who signed the above.	
SUBSCRIBED AND SWORN to before me on	tobes 20, 1993
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269	Eliante Micke

(800) 345-9984

In reply, refer to: D#: 586690

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Indirect

NOTES AND PARENTAL FREN

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