

## STATE OF AVASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES OFFICE OF SUPPORTENFORCEMENT (OSE)

## NOTICE AND STATEMENT OF LIEN (RCW 74 204.060)

FILED FOR RECORD SKAMANIA COLWASH BY DSHS

Jan 27 4 27 PH 194 AUDITOR GARY M. OLSON

118620

NOTICE	15	HEREBY	GIVEN.

NOTICE IS HEREBY GIVEN.	<i>(</i>	BOOK /4/	PAGE 149
That the Department of Social and Health S	ervices (DSHS) claims that <u>Rober</u> owes a debt for past due child si		
That DSHS files a lien in the amount of \$	3089.00 in Skamania	County on:	
A. All real and personal propér	ty of the debtor, and/or		
☐ B. The property described belo	)W	· •	
			<i>!</i>
		delilear	
	Authorized Represent	ative	
STATE OF WASHINGTON )			
County of Clark )			
I certify that J. Burkhead who signed the above.	appeared before me	and is known to me a	as the individual
SUBSCRIBED AND SWORN to before me o	on Jan. 26 1994		9
Carl Silver		N 1	
	NOTARY PUBLIC in	and for the State of W	'ashington
	residing at \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	icollex .	
\$€	My Commission expr	res on Masers	<u>5</u> . 19 <u>97</u>
Constant of the Constant of th			
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT			
111 W 39th ST P O Box 4269			
Vancouver WA 98662-0269		जे	legistered /
(206) 696-6391/TDD 690-4633		-	Mexed. Dir
		-	indirect. O
In reply, refer to:	•	:	Mariad
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NOTICE AND STATEMENT OF HEN

16 SEL 1191; (1747 940125 162499) 929198