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

NOTICE AND STATEMENT OF LIEN
(RCW 74.20A 060)

FILED
SKAMANIA
DSHS

FEB 10 4 13 PM '94

G. Savvy
AUDITOR
GARY M. OLSON

NOTICE IS HEREBY GIVEN:

BOOK *KH* PAGE *407*

That the Department of Social and Health Services (DSHS) claims that Ya Ki Ma Logging
SSN: _____ DOB: _____ owes a debt for past due child support.

That DSHS files a lien in the amount of \$ 9841.72 in Skamania County on:

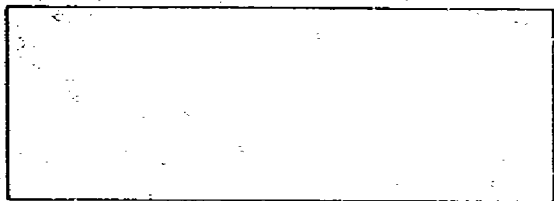
- ☒ A. All real and personal property of the debtor, and/or
☐ B. The property described below

L. Jiles
Authorized Representative

STATE OF WASHINGTON)
County of Yakima) ss.

I certify that L. Jiles appeared before me and is known to me as the individual who signed the above.

SUBSCRIBED AND SWORN to before me on Feb. 7, 1994



Sharon M. Newborn
NOTARY PUBLIC in and for the State of Washington
residing at Yakima
My commission expires on May 7, 19 96

Inquiry shall be made to:
OFFICE OF SUPPORT ENFORCEMENT
1002 No. 16th Avenue
PO Box 2857, MS: B39-17
Yakima Wa 98907-2867

(509) 575-2138/TDD 575-2675

In reply, refer to:
ID #: 310783 929742 9545741 017798

Registered
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