

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 RECORU . SKAMANIA CO. WASH BY DS HS

HAR 21 2 34 PH '94 AUDITOR GARY M. OLSON

NOTICE IS HEREBY GIVEN: 18970 That the Department of Social and Health Services (DSHS) claim SSN: DOB: 01/28/51 owes a debt for pas	BOOK 42 PAGE 19
SSN: DOB: 01/28/51 owes a debt for pas	at due child support.
That DSHS files a lien in the amount of \$ 15,138.04 in Skam	County on:
A. All real and personal property of the debtor, and	d'or
B. The property described below	
	2
W	
Authoriz Authoriz	zed representative
	O A STATE OF THE S
STATE OF WASHINGTON)) ss.	
Gounty of Clark	4 1 1
I certify that W. Carr appeare who signed the above.	red before me and is known to me as the individual
SUBSCRIBED MO SWORT to before me on Trans 15	શ્. ૧૧૧ મ
Shelling	e
	trowith B on 17
	RY FUBLIC in and for the State of Washington
	nmission expires on Traver 5 , 1997
Inquiry shall be made to: COFFICE OF SUPPORT ENFORCEMENT	e e
111 W 39th ST P O Box 4269	
Vancouver WA 98662-0269	
(206) 696-6391/TOD AVAIL.	Registered a
	Indexed, Gir 🖍
in reply, refer to:	Indirect 6
2015	Solled Solled

NOTICE AND STATEMENT OF LIEN DSH5 9-282 Rev. 1.891

(FC REL 1191) (1820-940317-123888) 330096