



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  
SKAMANIA CO. WASH  
BY State of WA, DSHS

APR 1 12 22 PM '94

AUDITOR  
GARY M. OLSON

**119088**

**NOTICE IS HEREBY GIVEN:**

That the Department of Social and Health Services (DSHS) claims that Sharyle L. Ader SSN: [REDACTED] DOB: 05/02/54 owes a debt for past due child support. **BOOK 142 PAGE 315**

That DSHS files a lien in the amount of \$ 262.00 in Skamania County on:

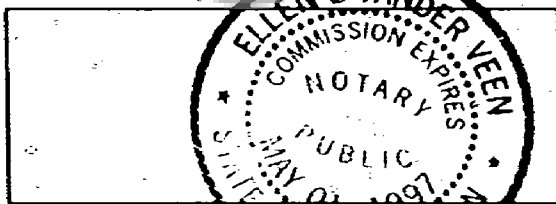
- ☒ A. All real and personal property of the debtor, and/or  
☐ B. The property described below

B. Shannon  
Authorized Representative

STATE OF WASHINGTON )  
 ) ss.  
County of Clark )

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

SUBSCRIBED AND SWORN to before me on 03-31-94



Ellen Vander Veen  
NOTARY PUBLIC in and for the State of Washington  
residing at Clark County  
My commission expires on 5-1, 1997

Inquiry shall be made  
OFFICE OF SUPPORT ENFORCEMENT  
111 W 39th ST  
P O Box 4269  
Vancouver WA 98662-0269

(206) 696-6391/TDD AVAIL.

In reply, refer to:  
D #: 990929

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