



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 DSHS

MAY 5 3 37 PM '94

P. Savry
AUDITOR

GARY M. OLSON

119359

NOTICE IS HEREBY GIVEN:

BOOK 142 PAGE 955

That the Department of Social and Health Services (DSHS) claims that Eylan W. Howell
SSN: [REDACTED] DOB: 11/24/60 owes a debt for past due child support.

That DSHS files a lien in the amount of \$ 2239.92 in Skamania County on:

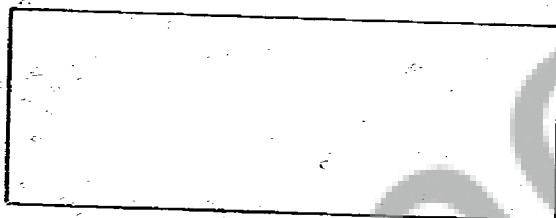
- ☒ A. All real and personal property of the debtor, and/or
☐ B. The property described below

S. Parr
Authorized Representative

STATE OF WASHINGTON)
County of Clark) ss.

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

SUBSCRIBED AND SWORN to before me on 05 04-94



Ellen Vander Veen
NOTARY PUBLIC in and for the State of Washington
residing at Clark County
My commission expires on 05 01-97

Inquiry shall be made to:
OFFICE OF SUPPORT ENFORCEMENT
111 W 39th ST
P O Box 4269
Vancouver WA 98662-0269
(800) 345-9984/TDD AVAIL.

in reply, refer to:
D#: 1037183

NOTICE AND STATEMENT OF LIEN
DSHS 9-282 (Rev. 1/89)

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