

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

NOTICE AND STATEMENT OF LIEN (RCW 74.20A.060)

RILLEGIC RECORD
SKAND ARD, WASH
BY DSH5
RAY 10 4 47 PH '94
CARRY H. OLSON

NOTICE IS HEREBY GIVEN:	ВС	OOK A	43 PAGE 50	
That the Department of Social and Health Services (DS				
SSN: DOB: <u>02/04/49</u> owes a del	of for past due child support.			-
That DSHS files a lien in the amount of \$ 9181.00	in Skamania	County	on:	
A. All real and personal property of the de	ebtor, and'or		• .	
B. The property described below		\$	_	
		4		
	Authorized Representative	MAS		-
	Authorized Representative		1	
STATE OF WASHINGTON)		# A		
County of Clark)	A .	· F .		
			4	-
I certify that J. Burkhead	appeared before me and is	known to	me as the individual	
who signed the above.			A.	
SUBSCRIBED AND SWOKING TO THE ON MA	46,1994			
SION E CO	N UZ	45	Λ.	
S AOTARY CO.	NOTARY PUBLIC in and to	CLMQL r the State of	of Washington	
* 6,00,00	residing at Kidoli is	Rd .		- •
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	My commission expires on	9-1	<u>0</u> , 19 <u>97</u>	
CO WHITE			~	
Inquiry shall be made to:	_ / \			
OFFICE OF SUPPORT ENFORCEMENT	~ ()		* · · · · · · · · · · · · · · · · · · ·	
P 0 Box 4269 Vancouver WA 98662-0269		_		
(206) 696-6391/TDD AVAIL.		Regist		
		lades.	d. Dir D	
In reply, refer to:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
D#: 916381		V .31	21	
NOTICE AND STATEMENT OF LIEN DSHS 9-282 (Rev. 1,99)			G REL 1191)	
			(747 945505 133014) (1 (16381	