



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
SKAMIA CO. WASH
BY **DSHS**

MAY 10 4 52 PM '94
P. Lowry
AUDITOR
GARY H. OLSON

NOTICE IS HEREBY GIVEN:

119399

BOOK **143** PAGE **52**

That the Department of Social and Health Services (DSHS) claims that **Jacquelyn M. Peterson**
SSN **[REDACTED]** DOB: **10/29/65** owes a debt for past due child support.

That DSHS files a lien in the amount of \$ **10,754.42** in **Skamania** County on:

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

J. Burkhead
Authorized Representative

STATE OF WASHINGTON)
County of **Clark**) ss.

I certify that **J. Burkhead** appeared before me and is known to me as the individual who signed the above.

SUBSCRIBED AND SWORN to before me on **5/10/94**



Kelly Keen Munn
NOTARY PUBLIC in and for the State of Washington
residing at **[REDACTED]**
My commission expires on **12/15**, 19 **97**

Inquiry shall be made to:
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 #: **650484**

Registered	
Index & List	<i>p</i>
Indirect	<i>p</i>
Unpaid	
Waived	

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

(PG REL 11/91)
(1747 840575 112339)
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