

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

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

FILED FOR FITCORD SKARWED FALWASH BY DSHS

Har 25 2 47 PH 194

Cocory

AUDITOR GARY H. OLSON

119519

NOTICE IS HEREBY GIVEN: That the Department of Social and Health Services (DSHS) claims that <u>Nota</u> J.	BOOK 143 PAGE 352
SSN: DOB: 05/20/55 owes a debt for past due child sup	port.
That DSHS files a lien in the amount of \$ 953.98 in Skawania	County on:
A. All real and personal property of the debtor, and/or	
8. The property described below	
A class	re e
Authorized Representat	ive
STATE OF WASHINGTON) ss.	
County of Clark	
I certify that S. Leavell appeared before me a who signed the above.	nd is known to me as the individual
SUBSCRIBED AND SWORN to before me on 05 2494	_
$C_{\text{tot}} \sim 1/2$	and Alace
VANDER NOTARY PUBLIC in an	od for the State of Washington
residing at LLA	X COUTUI
My commission expire	s on
101 10 10 10 10 10 10 10 10 10 10 10 10	
Inquiry shall be made to occurrently of the shall be made to occurrently occurrently of the shall be made to occurrently occurrently of the shall be made to occurrently occur	
111 W 39th ST P O Box 4269 Vancouver WA 98662-0269	
(206) 696-6391/TDD AVAIL.	
	\$14.15 B
In reply, refer to:	() [46.86] [4] [6 [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]
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NOTICE AND STATEMENT OF LIEN DSHS 9-222 (Rev. 1 as)	(FG RÉL:13.9.1) (2543 940521 083619) 887372