

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 SKAPANIA GO. WASH -BY DSHS

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Postury

MUDITOR

GARY H. OLSON

119539

NOTICE IS HEREBY GIVEN:

BOOK #3 PAGE 409

That the Department of Social and Health Senice		eY
	a debt for past due child support.	
That DSHS files a lien in the amount of \$ 119	0.00 in Skamania	County on:
A. All real and personal property of t	he debtor, and/or	
B. The property described below		
	Manay Cos	
	Authorized Representative	P // 10 '
STATE OF WASHINGTON	A 41 - 216 - 1	
STATE OF WASHINGTON)) ss.		
County of Clark		
		*
I certify that B. Carr who signed the above.	appeared before me and is kr	nown to me as the individual
SUBSCRIBED AND SWORN to before me on	may 26, 1994	
SISHON	Tak E saite	
O NOTARY ?	NOTARY PUBLIC in and for the	
*	residing at	
S. HOBE OF S	My commission expires on	HOVEN 2 . W. TI
05 305		
Inquiry shall be made to:		
OFFICE OF SUPPORT ENFORCEMENT		200
P O Box 4269		
Vancouver WA 98662-0263		
(206) 696-6391/TDD AVAIL.		· · · · · · · · · · · · · · · · · · ·
		Registeres
In reply, refer to:		Indirect 0
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