

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 SKAHARIA GO. WASH DSHS

2 2 15 PH '94 GARY H. OLSON

119600

NOTICE IS HEREBY GIVEN:	BOOK 143 PAGE 556
That the Department of Social and Health Services (DSHS SSN: DOB: 12/29/58 owes a debt	or past due child support.
That DSHS files a lien in the amount of \$ 16834.00 in	Skanania County on:
A. All real and personal property of the deb	or, and/or
B. The property described below	
	authorized Representative
STATE OF WASHINGTON)) ss. County of Clark)	
	appeared before me and is known to me as the individual
I certify that P. Taff who signed the above. SUBSCRIBED AND SWORN to before me on	0194
	NOTARY PUBLIC in and for the State of Washington residing at

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#: 806621



Acquistment	ئم
ladered, छो	6
indiran)	5
i i	T
Valled	=
	_

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

(FG REL-1391) (1316-94053) 114256) 806621