



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

NOTICE AND STATEMENT OF LIEN

120618

(RCW 74.20A)

BOOK 145 PAGE 994

The Department of Social and Health Services (DSHS) claims that **Steve L. Porter**  
social security number [REDACTED], date of birth **09/11/68** owes a debt for past-due child support.

DSHS files a lien in the amount of \$ **12,180.00** in **Skamania** County on:

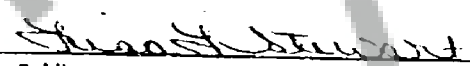
1. ☒ All real and personal property of the above-named debtor (except Tribal Trust property), and/or:
2. ☐ The property described below.

  
Authorized Representative  
OFFICE OF SUPPORT ENFORCEMENT

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.

Date: **9-21-94**

  
Notary Public

My appointment expires **7-5-97**

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY **DSHS**

SEP 23 11 51 AM '94  
  
AUDITOR  
GARY M. OLSON

Direct questions to:  
OFFICE OF SUPPORT ENFORCEMENT  
111 W 39th ST  
P O Box 4269  
Vancouver WA 98662-0269  
(206) 696-6391

In reply, refer to:  
Case #: **1082688**

NOTICE AND STATEMENT OF LIEN  
DSHS 09-282 (Rev. 12/93)

Registered ☒  
Indexed, Dir ☒  
Indirect ☒  
Filed ☒  
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(FG REL 08/94)  
(1747 940820 132252)  
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