

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

NOTICE AND STATEMENT OF LIEN

(RCW 74.20A)

	(RCW 74.20%)	11/0	~ Call
121316		BOOK 147	PAGE 274
The Department of Social and Health Social security number		nda I. Hammer owes a debt for past-due chile	support.
DSHS files a lien in the amount of \$	1325.00 in Skamani	County on:	
1. All real and personal pro	operty of the above-named d	ebtor (except Tribal Trust prope	erty), and/or:
2. The property described	below.		
FILED FOR RECOI SKAMANIA CO. WA BY . DSHS			
Dec 22 2 37 PH	'94 'L _	il and	
AUDĪTOR Gary M. Olso	·	athorized Representative FICE OF SUPPORT ENFORCEMENT	
State of Washington)		
County of Clark) ss.)		
I certify that A. Cullen	app	peared before me and is known	to me as the
individual who signed the above.	- X /		
Date: 122094) <u>C</u> No	Clen Vana	Jer Vlen
	M	y appointment expires 05	0197
	EST L MANON	REN	,
Direct questions to: OFFICE OF SUPPORT ENFORCEMENT 5411 E MILL PLAIN BLDG 3	100 100 100 100 100 100 100 100 100 100		4
P O BOX 4269 VANCOUVER WA 98662-0269 (206) 696-6391			Pogishered
In reply refer to:			Indirect /

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

Case #: 646318

(FG REL 08/94) (3083 941216 114237) 646318