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

FILED FOR RECORD
SKAMANIA CO. WASH
BY State RWA, ISLS

NOTICE AND STATEMENT OF LIEN JAN 11 12 45 PH 195

(RCW 74.20A)

121443

AUDITOR GARY M. OLSON

The Department of Social and Health Services (DSHS) claims that <u>James D. Snell</u> , social security number, date of birth <u>07/14/57</u> owes a debt for past-due child support.					
DSHS files a lien in the amount of \$	1135.80	in Skamania	County on:		
1.	roperty of the a	bove-named debtor (exce	ept Tribal Trust prope	rty), and/or:	
2. The property describe	d below.				
		Authorized Repr OFFICE OF SUP	resentative PPORT ENFORCEMENT	nat	
State of Washington)				
County of Clark) ss. _)		17		
I certify that J. Garrett individual who signed the above.		appeared befo	ore me and is known	to me as the	
Direct questions to: OFFICE OF SUPPORT ENFORCEMENT 5411 E MILL PLAIM BLDG 3 P O BOX 4269 VANCOUVER WA 98662-0269 (206) 696-6391		Notary Public My appointm	R.B.	29430,95 1814104 111	
In reply, refer to: Case #: 838270				idea a	
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (Rev. 12-92)			(FG REL 06/94) (1366 950110 074503) 838270		