

In reply, refer to:

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

Case #: 1087286

BOOK 147 PAGE 900

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(FG REL 08/94) (0823 950112 090250) (1087286

STATE OF WASHINGTON SKAHANIA CO. WASH DEPARTMENT OF SOCIAL AND HEALTH SERVICE STATE A WA, DSNS OFFICE OF SUPPORT ENFORCEMENT (OSE) BY STATE A WA, DSNS

NOTICE AND STATEMENT OF LIEN 13 2 52 PH '95

(RCW 74.20A)

121460

AUDITOR GARY M. OLSON

		nt of Social and Health Sonumber			C. Tinker s a debt for past-due child su	·
DSHS (	liles a lie	n in the amount of \$	12723.51	in Skamania	County on:	
1.		All real and personal pro	perty of the ab	ove-named debtor	(except Tribal Trust property)	, and/or:
2.		The property described	below.		Phir Discount of Representative OF SUPPORT ENFORCEMENT	
County I certify	f Washli of <u>Cla</u> that <u>K.</u> ual who	rk	) ) ss. )	appeared	d before me and is known to	me as the
Date:	2/5°	-95 NF VIC NAGY 2	0	Notary Po My app	ointment expires 1-15	Retor
		ver s		~ (		
OFFICE 5411 PO BI VANCOR	B MILL OX 426	PPORT ENFORCEMENT PLATE BLDG 3  8  8 98662-0269		<b>)</b>		
,_,,		<del></del>	- · · · · · · · · · · · · · · · · · · ·			Registered /