

BOOK 147 PAGE 950

STATE OF WASHINGTON FILED FOR RECORD
DEPARTMENT OF SOCIAL AND HEALTH SERVICES KAMANIA CO. WASH
OFFICE OF SUPPORT ENFORCEMENT (OSE) BY JOIL OF WALLSHS

NOTICE AND STATEMENT OF LIENM 19 12 35 PH '95 (RCW 74.20A) AUDITOR GARY M. OLSON

121486

State of Washington County of Clark Co	The Departme social security	ent of Social and Health Se number	ervices (DSHS) , date of bir	claims that Troy A.	Yeager a debt for past due child cupport
All real and personal property of the above-named debtor (except Iribal Trust property), and/or: The property described below. Authorized Representative Office of SUPPORT INFORCEMENT County of Clark Certify that C. Shardy Individual who signed the above. Date: \(\subseteq \) \(\	DSHS files a li	And the state of t			
Authorized Representative Office of SUPPORT ENFORCEMENT State of Washington County of Clark Certify that C. Shardy Individual who signed the above. Date: 18 - 9 - 1 - 18 - 18 - 18 - 18 - 18 - 1					,
Authorized Representative Office of SUPPORT ENFORCEMENT State of Washington State of Washington State of Clark State	2.	The property described	below.		
Authorized Representative Office of SUPPORT ENFORCEMENT State of Washington State of Washington State of Clark State	• •				
Authorized Representative Office of SUPPORT ENFORCEMENT State of Washington State of Washington State of Clark State					
Authorized Representative OFFICE OF SUPPORT ENFORCEMENT State of Washington) 55. County of Clark certify that C. Shardy appeared before me and is known to me as the individual who signed the above. Date: \(\sum \) Notary Public My appointment expires -15-94 Direct questions to: OFFICE OF SUPPORT ENFORCEMENT 11 E MILLS PLAIN BLOG 3		The state of the s	. २ १५ अञ्चलकारियम् १ व व स्थान		Cheryl Shardy
County of Clark Certify that C. Bhardy appeared before me and is known to me as the individual who signed the above. Date: 1-18-95 Notary Public Notary Public				Authorized OFFICE OF	Representative
Direct questions to: DIRECT QUESTION BLDG 3		,	SS.	~ (
Date: 1—18—9 Notary Public My appointment expires Direct questions to: DEFICE OF SUPPORT ENFORCEMENT MILL PLAIN BLDG 3				C:	
Direct questions to: OFFICE OF SUPPORT ENFORCEMENT OFFICE OF SUPPORT ENFORCEMENT OFFICE OF SUPPORT ENFORCEMENT	I certify that C. Individual who	Shardy signed the above.		appeared b	pelore me and is known to me as the
Direct questions to: OFFICE OF SUPPORT ENFORCEMENT OFFICE OF SUPPORT ENFORCEMENT OFFICE OF SUPPORT ENFORCEMENT	<u></u> .	v.	- 7(. 1
Direct questions to: DEFICE OF SUPPORT ENFORCEMENT 3411 & MILL PLAIN BLDG 3	Date: 1-18 -	95			
OFFICE OF SUPPORT ENFORCEMENT 6411 B HILL PLAIN BLDG 3	15/3	1074/04		My appoir	tment expires 1-15-94
OFFICE OF SUPPORT ENFORCEMENT 6411 B HILL PLAIN BLDG 3		15(1)			
OFFICE OF SUPPORT ENFORCEMENT 6411 B HILL PLAIN BLDG 3	Direct question	s to:	<u> </u>	~ (
411 R WILL PLAIN BLDG 3	OFFICE OF SUP	PORT ENFORCEMENT	- //	1	
	411 B MILL	PLAIN BLDG 3	- 1		

In reply, refer to:

(360) 696-6391

Case #: 527124

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (Rev. 1293)

(FG REL:08/94) (0512/950118 065638) 527124

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