

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

FILED FOR RECORD SKAHANIA CO. WASH BY DS HS

FEB 21 12 44 PH 195

PLANTY

AUDITOR

GARY M. OLSON

NOTICE AND STATEMENT OF LIEN

(RCW 74.20A)

121010		BOOK 148 PAGE 356
The Department of Social and Health Services (D social security number, date	SHS) claims that Robert W. 1 of birth 05/07/45 owes a de	
DSHS files a lien in the amount of \$ 21,843.00	in Skamania	County on:
1. All real and personal property of	the above-named debtor (exce	pt Tribal Trust property), and/or:
2.	. Ar	2. SM
	Authorized Repr	esentative PORT ENFORCEMENT
State of Washington)) ss. County of Clark)	OFFICE OF SUPE	PORT INFORCEMENT
I certify that B. Munoz individual who signed the above.	appeared befo	re me and is known to me as the
Date: Leblo 45	Notary Public	P.B. 12006
JOLIG COMMENTS	My appointm	ent expires <u>SOOTO</u> , 90
Direct questions to: OFFICE OF SUPPORT ENFORCEMENT		
5411 B MILL PLAIN BLDG 3 P O BOX 4269		∳ est stored ←
VANCOUVER WA 98662-0269 (206) 696-6391		Indexed. Dir

NOTICE AND STATEMENT OF LIEN DSH5 09-282 (Fev. 12.93)

Case #: 1042936

In reply, refer to:

(FG REL 08/94) (2133 950216 104242) 1042936

filmed

Meiled