

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

## NOTICE AND STATEMENT OF LIEN

122106

(RCW 74,20A)

BOOK 149 PAGE 392

The Department of Social and Health social security number	, date of b	irth 10/08/55 swes a	Garcia debt for past-due child	I support.
DSHS files a lien in the amount of \$ _	7022.75	in Skamanla	County on:	
1. All real and personal p	roperty of the .	above-named debtor (ex	cept Inbal Trust prope	rty), and or:
2. The property described	d below.			
FILED FOR RECORD SKAMANIA CO. WASH BY DSHS				T
APR 19 12 ON PH '95			Becs	
AUDITOR GARY M. OLSON		Authorized Re OFFICE OF SU	presentative PPORT ENFORCEMENT	<b>₩</b>
State of Washington  County of Clark	) ) ss. )	· C		
certify that D. Becker Individual who signed the above.  Date: 4-18-95	S	appeared be	efore me and is known	to me as the
STEWAR		Notary Public My appoint	ment expires	5- <b>9</b> 7
OF WELL	5)			)
Direct questions to: DEFFICE OF SUPPORT ENFORCEMENT		~ (		34 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1
411 B NILL PLAIN BLDG 3 P O BOX 4269 /ANCOUVER WA 98662-0269 (206) 696-6391		1		ystwod kered, tier
**** 010_011[	7		្ត្រី ( ) ម៉ា	direct -
n reply, refer to: Case #: 364306	ي.		· •	med ided
AD STATEMENT OF THIS			g	•