

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

| | 1 1W1 1 | | , , , | |
|--|--|---|--|---|
| | NOTICE AND STATEMENT OF LIEN | | | |
| | 124307 | (RCW 74.20A | | 101 |
| | 106931 | *. | BOOK | 154 PAGE 945 |
| | The Department of Social and Health Services (DSHS) claims that Daniel L. Diamond | | | |
| | secial security number, date of birth 01/20/42 owes a debt for past-due child support. | | | |
| | DSHS files a lien in the amount of \$ 6,793.97 in Skamania County on: | | | |
| | 1. All real and personal property of the above-named debtor (except Tribal Trust property), and/or: | | | |
| | \$ | FILED FOR RECORD SKAMANIA COLWASH BY DSHS | MM | |
| | | JAN 18 2 53 PH '96 | Authorized Representative | res |
| | 3. | Octoury AUDITOR | Authorized Representative OFFICE OF SUPPORT ENFORCE | EEMENT |
| | | CARY H. OLSON | . " | |
| County of Clark | | | | |
| individual who signed the three parts appeared before me and is known to me as the | | | | is known to me as the |
| | Individual who signed the above. Date: 1-1101. | | Pamela, m | () |
| | O. P. C. P. P. C. P. P. C. P. P. P. C. P. | ELAMON SSSION CONTRACTOR | My appointment expires | 8.1.04 |
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| | Direct questions to: | WASHI | | |
| | OFFICE OF SUPPORT ENFORCEMENT 5411 E MILL PLAIN BLDG 3 | | | - |
| | P O BOX 4269 | | | |
| | VANCOUVER WA 98662-0269 (360) 696-6391 | | | Pro tracal |
| | | | | ladered, Cir |
| | In reply, refer to: | | | Indirect |
| | Case #: 1040967 | | • | Flimed Nelled |
| | NOTICE AND STATEMENT OF LIEN DSHS 09-282 (Rev. 12-93) | .s. | | (FG REL09/95) (9893:960118:0115421/ 1040967 |
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