

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

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

NOTICE AND STATEMENT OF LIEN
GARY M. OLSON

| The Department of Social and Health Services (DSHS) claims that Laurie A. Short social security number | | | | - (1 | KCW 74.20A) | | 72.53. |
|--|----------------|----------------------|--------------------------------------|-------------------------------|---|-------------------------|------------------|
| The Department of Social and Health Services (DSHS) claims that Laurie A. Short social security number, date of birth 07/07/62 owes a debt for past-due child support. DSHS files a lien in the amount of \$ | | | | | - | BOOK 155 | PAGE 599 |
| All real and personal property of the above-named debtor (except Tribal Trust property), and/or: The property described below. M. D. Combo Authorized Representative OFFICE OF SUPPORT ENFORCEMENT State of Washington) ss. County of Clark appeared before me and is known to me as the ndividual who signed the above. Date: 2-15-94 Notary Public | The (socia | Departmo security | ent of Social and Health S number | ervices (DSHS) , date of b | claims that Laurie inth <u>07/07/62</u> owes | A. Short | . 7 // |
| The property described below. Authorized Representative OFFICE OF SUPPORT ENFORCEMENT County of Clark Certify that M. Combs Individual who signed the above. Date: 2.15-94 Notary Public Amy Manual Property, and/or: | DSHS | files a f | ien in the amount of \$ | 400.00 | in Skamania | County of | on: |
| The property described below. M. D. Combs. Authorized Representative OFFICE OF SUPPORT ENFORCEMENT State of Washington) 5 ss. County of Clark certify that M. Combs reduction of the above. Date: 2-15-94 Notary Public Notary Public | 1. | | All real and personal pr | operty of the a | above-named debtor (| except Tribal Trust pro | operty), and/or: |
| Authorized Representative OFFICE OF SUPPORT ENFORCEMENT State of Washington) ss. County of Clark certify that M. Combs Individual who signed the above. Date: 2-15-94 Notary Public | 2. | | | | S | |) ' |
| County of Clark County of Clark Certify that M. Combs Individual who signed the above. County of Clark Any Manton Notary Public | | | | | Authorized | Representative | |
| County of Clark County of Clark County Co | State | of Wash | ington | , (| S.I.C.C.O. | JOHN ENTORCEMENT | _ ~ |
| certify that M. Combs appeared before me and is known to me as the ndividual who signed the above. Date: 2-15-94 Notary Public | | | _ |) ss. | | ام | |
| Notary Public Notary Public | certi | fy that N | . Combs | 1. | appeared | before me and is kno | wn to me as the |
| My appointment expires | Date: | <u> 2-1</u> | 5-96 |) T | Notary Pub | any) | Stanton |
| | | 1 | | | Му арро | intment expires | 2-1-21 |

Direct questions to:
OFFICE OF SUPPORT ENFORCEMENT
5411 B MILL PLAIN BLDG 3
P O BOX 4269
VANCOUVER WA 98662-0269 (360) 696-6391

In reply, refer to: Case #: 1106173

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

Mailed

(FG REL:09/95) (2539:960213:180614)/ 1106173/2639