

In reply, refer to:

NOTICE AND STATEMENT OF LIEN

Case #: 616271

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

NOTICE AND STATEMENT OF LIEN

FILED FOR RECORD SKAHANIA CO. WASH BY DSHS

APR 30 12 53 PM '96 EXAMPLE AUDITOR GARY H. OLSON

	(RCW 74.20A)		70.
125168 The Department of Social and Health Serv	gicos (INSHEN claima that B	BOOK 156	PAGE 959
social security number	date of birth 11/16/3	ussell L. Harris	o child average
DSHS files a lien in the amount of \$3,	-45.77		ty on:
·		debtor (except Tribal Trust	
_		restor texcept initial initial	property), and oi:
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	~ ~	DAY THA	A
		uthorized Representative	
		OFFICE OF SUPPORT ENFORCEM	ENT
State of Washington			/ "
County of Clark	ss.		. 1
I certify that K. Fisher			% 1
individual who signed the above.	a _i	ppeared before me and is	known to me as the
7 7 7		<	
Date: 4-39-96		Λ	4.
	-	Notary Public	anton
	-	My appointment expires	7-1-99
		ny eppointment expares	
	- No.		;
		AT	
Direct questions to:	314	Tax .	IN VACA
OFFICE OF SUPPORT ENFORCEMENT	A	The state of the s	BC-199, E
5411 E MILL PLAIN BLDG 3 P O BOX 4269	ATOH	الله المنظمة ا	inditti
VANCOUVER WA 98662-0269	PUBL		Saled
(360) 6 96-6 391	5 CUS	A 667 6	

(PG REL:08/95) (0824:960425:181043)/ 616271/0824