



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

**NOTICE AND STATEMENT OF LIEN**  
(RCW 74.20A)

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

MAY 10 4 43 PM '96

*P. Olson*  
AUDITOR  
GARY M. OLSON

125230

The Department of Social and Health Services (DSHS) claims that **Frank D. Crews**  
social security number [REDACTED], date of birth **09/23/68** owes a debt for past-due child support.

BOOK 157 PAGE 116

DSHS files a lien in the amount of \$ **4,400.00** in **Skamania** County on:

1. ☒ All real and personal property of the above-named debtor (except Tribal Trust property), and/or
2. ☐ The property described below.

*[Signature]*  
Authorized Representative  
OFFICE OF SUPPORT ENFORCEMENT

State of Washington )

County of **Clark** ) ss.

I certify that **R. Adams** appeared before me and is known to me as the individual who signed the above.

Date: **5-9-96**

*[Signature]*  
Notary Public

My appointment expires **1-15-00**



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

In reply, refer to:  
Case #: 1221146

NOTICE AND STATEMENT OF LIEN  
DSHS 88-282 (Rev. 12/93)

Registered ☒  
Advised, Dir ☒  
Indirect ☒  
Filed ☒  
Served ☒

(PG REL-08/96)  
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