



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

JUL 16 3 24 PM '96

O. Laury
AUDITOR
GARY M. OLSON

125760

BOOK 158 PAGE 438

The Department of Social and Health Services (DSHS) claims that **Leonardo F. Talvo** social security number [REDACTED], date of birth **11/06/49** owes a debt for past-due child support.

DSHS files a lien in the amount of \$ **600.00** 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

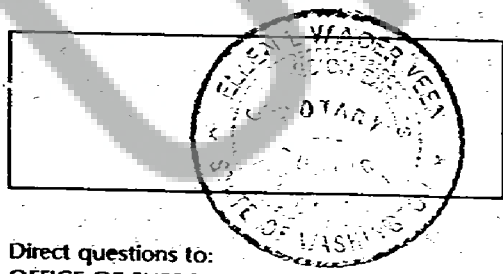
State of Washington)
County of **Clark**) ss.

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

Date **07/10/96**

Ellen Vanderveer
Notary Public

My appointment expires **05/01/97**



Direct questions 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 #: 944969

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DSHS 09-282 (Rev. 12/93)

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Indirect
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