

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

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

Jul 26 3 33 PM '96

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	NOT	ICE AND	STATEMENT OF	LIFN	y Zown
					AUDITOR
		. (1	CW 74.20A)	GAN	YM. OLSON
•	125838		BOC	or 158 page	624
The Denartme	ent of Social and Health Se	evices (DSHS)			9 // 1
social security	v number	date of bi	rth 06/24/69 owes a	debt for past-due chi	ld support
-					
DSHS files a l	lien in the amount of \$	85.00	in <u>Skamania</u>	County on	L That
1. 🖼	All real and personal pro	sperty of the a	bove-named debtor (e	xcept Tribal Trust prop	erty), and/or:
2.	The manager described	kala	47		7
2.	The property described	below.			
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			Authorized I	lepresentative	
			OFFICE OF	SUPPORT ENFORCEMENT	-
State of Was	hington		N 70.		
) ss.	B 7		_ ~
County of Cl	lark)			-
	4200	No.		- 4	
	L. Canonica	7	appeared 1	efore me and is know	m to me as the
individual wr	no signed the above.				
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Date:	126G1			21010 V2	WAS O
Date:	0.218		\(\frac{1}{2}\)	MILL O	WYUN /
	BURKAL		Notary Publ	ame B	
L .	S. 115510 11 50		Му арроі	ntment expires	50/07)
	S. C.	<i>'</i> '2			
The contract of	HOIAR	3	1 1 200		•
70.	Aug. Phonis	*	- 1 III		
	13:30				•
	18 20 30 C	السنو	L #		•
pi	WASHING	7	. //	ė.	*
Direct quest					-
	SUPPORT ENFORCEMENT LL PLAIN BLDG 3			•	· .
P O BOX 4:			•		
	WA 98662-0269	•	÷		Brown V
(360) 696					Indexed. St. 🗸
					Indirect /
in reply, refe	er to:			* * * * * * * * * * * * * * * * * * *	Filmed
	e #: 1228702	· · · ·	-		Walled
			*		

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