

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

FILED FOR RECORD SKAMANIA CO. WASH BY __DSHS____

Ju 30 4 28 PM 96 PLawry

The Department of Social and Health Services (DSHS) claims that James D. Winters social security number date of birth 04/13/61 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. State of Washington County of Clark I certify that K. Roseland individual who signed the above. Date: 125		NC		STATEMENT RCW 74.20A)		AU GARY	DITOR O H. OLSON
Jate of birth 04/13/61 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 Inibal Trust property), and/or: 2. The property described below. State of Washington County of Clark I certify that R. Romeland individual who signed the above. Date: 125 26 Notary Public My appointment expires 500 97 Whyshill Property is since 1 feet of SUPPORT ENFORCEMENT Direct questions to: OFFICE OF SUPPORT ENFORCEMENT State of Washington OFFICE OF SUPPORT ENFORCEMENT			-			158	PAGE 695
Authorized Representative Office of Support Inforcement State of Washington County of Clark I certify that K. Romeland individual who signed the above. Date: 125 Direct questions to: Office of Support Enforcement State of Support Enforcement State of Washington Direct questions to: Office of Support Enforcement State of Washington Direct questions to: Office of Support Enforcement State of Washington Direct questions to: Office of Support Enforcement State of Washington Direct questions to: Office of Support Enforcement State of Washington Direct questions to: Office of Support Enforcement State of Washington Direct questions to: Office of Support Enforcement State of Washington In reply, refer to:	The Departm social security	ent of Social and Health: y number	Services (DSHS), date of bi	claims that <u>James</u> irth <u>04/13/61</u> ow	D. Winters es a debt for pas	due child	support.
2. The property described below. Authorized Representative OFFICE OF SUPPORT ENFORCEMENT State of Washington County of Clark I certify that K. Noveland appeared before me and is known to me as the individual who signed the above. Date: 125 26 Washington Authorized Representative OFFICE OF SUPPORT ENFORCEMENT Authorized Representative OFFICE OF SUPPORT ENFORCEMENT Notary Public My appointment expires 050 97 Washington Direct questions to: OFFICE OF SUPPORT ENFORCEMENT 5411 E MILL PLAIN ELDG 3 P O BOX 4269 **TANCOUVER WA 98662-0269* [State of Washington Authorized Representative OFFICE OF SUPPORT ENFORCEMENT 5411 E MILL PLAIN ELDG 3 P O BOX 4269 **TANCOUVER WA 98662-0269* [State of Washington In reply, refer to: Simed	DSHS files a	lien in the amount of \$ _	600.00	in <u>Skamania</u>	C	ounty on:	16.
Authorized Representative OFFICE OF SUPPORT ENFORCEMENT State of Washington County of Clark I certify that K. Roweland individual who signed the above. Date: Magain County of Clark Date: Magain County of Clark Direct questions to: OFFICE OF SUPPORT ENFORCEMENT State of Washington My appointment expires DDD 97 Direct questions to: OFFICE OF SUPPORT ENFORCEMENT State of Washington My appointment expires DDD 97 Direct questions to: OFFICE OF SUPPORT ENFORCEMENT State of Washington Authorized Representative OFFICE OF SUPPORT ENFORCEMENT My appointment expires DDD 97 Eng since of Clark Indirect indirect In reply, refer to:	1.	All real and personal p	property of the a	above-named debto	or (except Tribal T	rust proper	ty), and/or:
State of Washington County of Clark I certify that K. Nomeland Individual who signed the above. Date: Direct questions to: OFFICE OF SUPPORT ENFORCEMENT State of Washington And	2.	The property describe	d below.	C		ار	
I certify that K. Nomeland individual who signed the above. Date: Date: Direct questions to: OFFICE OF SUPPORT ENFORCEMENT 5411 R NILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER NA 98662-0269 (360) 696-6391 In reply, refer to:				Author	tzed Representative OF SUPPORT ENFOR	ula CEMENT	el.
Date: 125 26 Date: 125 26 Notary Public My appointment expires 250 27 Direct questions to: OFFICE OF SUPPORT ENFORCEMENT 5411 R WILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER NA 98662-0269 (360) 696-6391 In reply, refer to:	County of <u>c</u>	lark)) ss. _)	12			
Direct questions to: OFFICE OF SUPPORT ENFORCEMENT 5411 R WILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER WA 98662-0269 (360) 696-6391 In reply, refer to:	individual wi	ho signed the above.		G	llenVi	and	to me as the
OFFICE OF SUPPORT ENFORCEMENT 5411 R MILL PLAIN BLDG 3 P O BOX 4269 VANCOUVER WA 98662-0269 (360) 696-6391 In reply, refer to:		OF WASY		Му а	ppointment expire	:: <u>()</u>	<u>)197</u>
VANCOUVER WA 98662-0269 (360) 696-6391 In reply, refer to:	OFFICE OF	SUPPORT ENFORCEMEN	T		,		
In reply, refer to:	P O BOX 4	1269 L WA 98662-0269					Indirect /