

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

FILED FOR ALCORD SKAMAMA CO. WASH BY DSHS

Nov 1 9 92 AH '95

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	(RCW 74.20A)	GAR	YH. OLSON
126618			APT 100.
		BOOK 160	PAGE 562
The Department of Social and Health Se social security number	rvices (DSHS) claims that Ja-	cquelyn F. Cloud	· · · · · · · · · · · · · · · · · · ·
social security number	, date of birth 12/25/59	owes a debt for past-due	child support.
DSHS files a lien in the amount of \$ 1	1,980.00 in Skamani	a County	on:
1. All real and personal pro	perty of the above-named de	ebtor (except Tribal Trust pr	operty), and/or:
2. The property described	J-Av	thorized Representative RICE OF SUPPORT ENFORCEMEN	1
State of Washington	1 1 1 m	THE OF SOM ENTERNEY	_
) ss.		. 7
County of Clark			
Locatify that we will		196	- 1
I certify that K. Mulr individual who signed the above.	арр	peared before me and is kno	own to me as the
morrodal who signed the above.		_	
Date: 10-30-96			N. Committee of the com
Date: 10-30-76	\sim		cta
A Partie of the	No	tary Public	Th
	- M	appointment expires \	15-00
			<u> 13.00</u>
14/2 20			
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A de contra			
TASK		<i>y</i>	:
Direct questions to:			
OFFICE OF SUPPORT ENFORCEMENT			•
5411 E MILL PLAIN BLDG 3		<i>t</i>	
P O BOX 4269 VANCOUVER WA 98662-0269			
(360) 696-6391			क्षेत्रहाराज्य 🔀
(====, ================================			ladexed, Dir V
In reply, refer to:	÷		ladirect /
Case #: 576859			Filmed
		-	Marked .

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