	oi cou
	Name OLSON, Mary Jane
NOTICE AND STATEMENT OF LIEN	Case Number 31-C-210154-0
NOTICE IS HEREBY GIVEN:	
THAT THERE IS a debt due and owing the State o	f Washington by OLSON, Mary Jane
and the State of Washington claims the right to file	this lien in accordance with the provisions of RCW
p4,367.00 plus the maximum interest the	, after deducting all just credits and offsets, the sum of reon allowable by law, in which amount the Department claims a lien upon ANY AND ALL OF THE REAL AND resituated in Skamania County.
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SKAMANIA OD WASH BY Sept of Steath	
Jul 31 11 09 AH '81	DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AUD TOR GARY IC OLSOH	Otere Of Churci
State of Washington	STEVEN J. FARSACI
County of Thurston	Financial Recovery Enforcement Officer II
	Steven J. Farsaci
edged it as an officer of the Department of Social an	vas authorized to execute the instrument and acknowled Health Services to be the free and voluntary act of
such party for the uses and purposes mentioned in	n the instrument.
Dated: July 24, 1987	Dogellon W. Allison
CYN W. JOS	Notary Public in and for the State of Washington, residing at Shelton
RETURN TO:	My appointment expires
Department of Social and Health Regulates	
Office of Financial Recovery	Registered

Office of Financial Recov P.O. Box 9501, MS OB-21 Olympia, Washington 98504 Phone: (206) 753-1325

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