

103600

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Name OLSON, Mary Jane

Case Number 31-C-210154-0

NOTICE AND STATEMENT OF LIEN

NOTICE IS HEREBY GIVEN:

THAT THERE IS a debt due and owing the State of Washington by OLSON, Mary Jane
SS# 023-36-7787
and the State of Washington claims the right to file this lien in accordance with the provisions of RCW
74.04.300.

THAT THERE IS now due and remaining unpaid thereon, after deducting all just credits and offsets, the sum of
\$4,367.00, plus the maximum interest thereon allowable by law, in which amount the Department
of Social and Health Services, State of Washington claims a lien upon ANY AND ALL OF THE REAL AND
PERSONAL PROPERTY of the above named debtor situated in Skamania County,
Washington.

FILED FOR RECORD
SKAMIA CO WASH
BY *[Signature]*

JUL 31 11 09 AM '87

CARYL OLSON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

[Signature]

STEVEN J. FARSACI
Financial Recovery Enforcement Officer II

State of Washington

County of Thurston

ss.

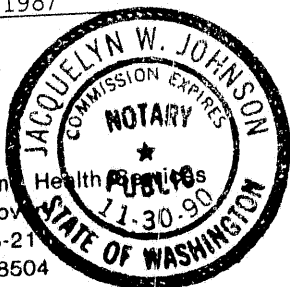
Steven J. Farsaci

I certify that I know or have satisfactory evidence that _____
signed this instrument, in oath stated that (he/she) was authorized to execute the instrument and acknowl-
edged it as an officer of the Department of Social and Health Services to be the free and voluntary act of
such party for the uses and purposes mentioned in the instrument.

Dated: July 24, 1987

[Signature]
Notary Public in and for the State of
Washington, residing at Shelton

My appointment expires 11/30/90



RETURN TO:

Department of Social and Health Services
Office of Financial Recovery
P.O. Box 9501, MS OB-21
Olympia, Washington 98504
Phone: (206) 753-1325

DSHS 9-19A (Rev. 5/86) OX A-227

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