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127 PAGE 772
FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

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

NOTICE AND STATEMENT OF LIEN HAR 18 3 85 118 92 (RCW 74,20A,060)

CARY M. OLSON

NOTICE IS HEREBY GIVEN:

That the Department or Social and Health Services (C) SSN: 535-68-7005 DOB: 07/20/65 owes a d	
55N: 535-68-7005 DOB: 07/20/65 Owes a d	eot for past due cond support.
That DSHS files a lien in the amount of \$ 1787.0	00 in Skamania County on:
X A. All real and personal property of the	
☐ D. The property described below	Ind xed, Jir 10 Indirect Filmed 3/23 62
	Authorized Representative
STATE OF WASHINGTON)	
County of Clark) ss.	
County of State	
I certify that T. Williams who signed the above. SUBSCRIBED AND SWORN to before me on 3	appeared before me and is known to me as the individual $-16-92$
3033031127 7143 0110101 10 30130 1110 111	
	Jugard R. Jedan
	NOTARY PUBLIC in and for the State of Washington residing at CONCOUN &
	My commission expires on 9-10, 1993.
and the shall be seed as	10 mg
OFFICE OF SUPPORT ENFORCEMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
111 W 39th ST P O Box 4269	
Vancouver WA 98662-0269	
(206) 690-7284	

In reply, refer to: D#: 839409

NOTICE AND STATEMENT OF LIEN DSH5 9-283 (Roy. 1 BT) (FG REL 11-9 II

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