

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

## NOTICE AND STATEMENT OF LIEN (RCW 74,20A,060)

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

117072	GARY M. OLSON
NOTICE IS HEREBY GIVEN:	BOOK 138 PAGE 782
That the Department of Social and Health SSN: 436-47-9092 DOB: 08/17/66	
That DSHS files a lien in the amount of \$_	797¢ 00 iz a
A. All real and personal prope	
B. The property described bel	
	Authorized Representative
STATE OF WASHINGTON	The section of the se
County of Clack	
1 aced to the	
I certify that M. Moen who signed the above.	appeared before me and is known to me as the individual
SUBSCRIBED AND SWORN to before me on	
a LSIEW	
Julis Sion Comment	trace to say warrow
3 40	residing at 130 Or many and to the State of Washington
(S) (S) (S)	My commission expires on Manch 5, 19 97
OF WASHING	
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269	
(206) 696-6391	
In reply, refer to:	Registered Indexed, Dir <b>C</b>

(FG REL:11/91) (1472/931012:081308) 813547

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MOTICE AND STATEMENT OF LIEN DSHS 9:282 (Rov. 1/89)

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