BOCX 211 PAGE 418

FILED FOR RECORD SKAMANIA CO. WASH BY DSHS

Jun 22 II 28 AM 'OI CARLY M. OLSON

DIVISION OF CHILD SUPPORT 5411 2 MILL PLAN BEING 3 PO BOX 4269 VANCOUVER WA 96682-0099



STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPCIRT (DCS)

NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: uning business as:	Lynda S. Olson		, also known as or
	SSN <u>536-76-3274</u>	DOB 01/23/61 .	
Grantee or Creditor:	The Department of Soci	ial and Health Services (DSHS).	
Legal Description:	$^{\sim}$		Empressoration (Inches)
Assessor's Property T	ax Parcel Account Numb	er: .	Markey
DSHS claims that the Support (DCS) files a	debtor named above ov lien in the amount of \$	ves past-due child support. Th 2,971.38 in Skann	
Little of the Safety of Total of		or named above except Tribal 1	,
		Description section above.	
June 19, 2001 Date		A. Cullen Authorized Representative DIVISION OF CHILD SUPPORT	
(360) 696-6100	****	A. Cullen	
i'elephone Number		Person to Contact	
In reply, refer to: Case #: 154	18975 1572090	1343645	
NOTICE AND STATEMENT OF LIEN DSHS 69-282 (REV. 04/1997)			(FG REL:05/1939) (3083:0106/9:221332) 1548975/3083