

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

SKARAN RECORD
SKARAN RASH
DSHS

NOTICE AND STATEMENT OF LIEN (RCW 74.20A.060)

Mar 26 1 21 PM 193 P. Lowry

116317

NOTICE IS HEREBY GIVEN:	GARYN, OLSE
That the Department of Social and Health Services (DS	BOOK 135 PAGE 554
	ot for past due child support.
Units a det	ic for past due child support.
That DSHS files a lien in the amount of \$ 7,127.85	in Skamania County on:
X A. All real and personal property of the de	btor, and/or
B. The property described below	
	. ()
	A C Stewers
**	Authorized Representative
STATE OF WASHINGTON)	
County of Clark)	
I certify that P. Stevens	
who signed the above.	appeared before me and is known to me as the individual
SUBSCRIBED AND SWORN to before me on	5-25-93
	Jusan William
	residing at A COUVES From
	My commission expires on
	The state of the s
Inquiry shall be made to:	
OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST	
P O Box 4269	
Vancouver WA 98662-0269	
(206) 696-6391	Indexed, Dir
	Indirect 6
In reply, refer to: D#: 826507	filmed
D#. 02030/	Mailed
NOTICE AND STATEMENT OF USA	
Expenses to provide at the files	

3-7-35-103

826507