

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

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

FILED FOL RECORD SKAMANA 50, WASH DSHS

4 37 PH '94 FE8 8

118712			GARY M. OLSON
NOTICE IS HEREBY GIVEN:	4.	* BC)(	OR 41 PAGE 371
That the Department of Social and Health Ser	vices (DSHS) claims t	hat <b>Elizabeth</b> J. J	ones
0	owes a debt for past d	ue child support.	
That DSHS files a lien in the amount of \$	1428.41 in Skaman	<u>ia (</u>	County on:
X A. All real and personal property	of the debtor, and/o		
B. The property described below	á .		
			4
	~ 7	. *	
		<i>(</i> )	- N
	$\mathcal{A}$	Kanad	
	Authorized	Payracantativa	
	Authorized	Representative	<b>1</b> J
STATE OF WASHINGTON )			, ,
County of Clark		77	
		, j	
I certify that S. Leavell	appeared	before me and is kno	wn to me as the individual
who signed the above.			
SUBSCRIBED AND SWORN to before me or	Feb.1.	1994	;
COLOR OF THE PARTY	90	رُبُ کُنْ کُنْ کُنْ کُنْ کُنْ کُنْ کُنْ کُن	
	NOTARY	PUBLIC in and for the	State of Washington
O A OTAN	residing at	Clark (	morti-
e guerres !	My ∉omm	ission expires on	Masch 30, 19 96
70,1			

Inquiry shall be made to:
OFFICE OF SUPPORT ENFORCEMENT
111 W 39th ST
P 0 Box 4269
Vancouver WA 98662-0269

(206) 696-6391/TDD 690-4633

In reply, refer to: 0 #: 462397

**H**egistered Indexed, Dir Indirect Varied.