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ROOK /63 PAGE 382

FILED END GEOGRA SKANA WASH BY DSHS

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AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 E MILE PLAIN BLDG 3 F O BOX 4269 VANCOUVER WA 98662-0269



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

	NO STATEMENT OF LIEN
Grantor or Debtor: Joseph L. Jones DOB 07/22/69	, SSN 564-06-3551
Grantee or Creditor: The Department of	Social and Health Services (DSHS).
Legal Description:	
Assessor's Property Tax Parcel Account N	umber:
DSHS claims that the debtor named abov Support (DCS) files a lier, in the amount of	re owes past-due child support. The Division of Child of \$ 21,649.97 in Skamania County on:
All real and personal property of the c	debtor named above except Tribal Trust property.
Only the property described in the Le	
March 12, 1997	E. Wilson
Date	Authorized Representative
	DIVISION C. CHILD SUPPORT
	(360) 696-6391
In reply, refer to:	Telephone Number
Case #: 844067 101752	4 789950
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 09/1996)	(FG NEL:12/96) (2370:970312:180457)

(2370:970312:180457) 844067/2370