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FILED FOR REGORD SKAMANIA CO. WASH BY DSHS

DEC 1 4 24 PM '00 PLAUVY-AUDITOR O GARY M. OLSON

DIVISION OF CHILD SUFPORT 5411 E MILL PLAIN BLUN 3 P O BOX 4269 VANCOUVER WA 98662-0269



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

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: doing business as:	Janice L. Roske		also known as or
	SSN <u>541-82-1626</u>	DOB 06/C1/69	1 P 1 1
Grantee or Creditor	: The Department of Social	a and Health Services (DGHS).	
Legal Description:			
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			) •
Assessor's Property	Tax Parcel Account Number	eri .	
	e debtor named above ow a lien in the amount of \$	ves past-due child support. The 2,650.00 in Skaman	
All real and pers	ional property of the debto	or named above except Tribal Tr	ust property.
☐ Only the proper	rty described in the Legal D	Description section above.	Superioran In
November 29, 20	00	D. Orr	that ten
Date		Authorized Representative DIVISION OF CHILD SUPPORT	Ralled
(350) 696-6100		D. Orr	
Telephone Number		Person to Contact	
!n reply, refer to: Case #: 15	540936		
NOTICE AND STATEMENT OF LI DS48 09-282 (REV. 04/1997)	<b>IEN</b>		(FG REL:08/1999) (3334:001129:221310)