BOOK 2/0 PAGE /23
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AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 1608 W BOONE AVE PO BOX 2560 SPOKANE WA 99220-2560



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

## NOTICE AND STATEMENT OF LIEN

Grantor or Debtor: John E. Jandolng business as:	cks	, also known as or
SSN <u>536-44</u> -	9738 DOB 04/15/47	534-92-6143
Grantee or Creditor: The Departm Legal Description:	ent of Social and Health Services (DS	536-44-9738 536-44-6332 536-44-6331 536-44-6330 536-44-9340 566-77-9430
Assessor's Property Tax Parcel Acco	ount Number:	
DSHS claims that the debtor names Support (DCS) files a lien in the am	d above owes past-due child support. ount of \$ 80,839.75 in Sk	The Division of Child
All real and personal property of	f the debtor named above except Tri	
	the Legal Description section above.	*derna Un
May 15, 2001 Date	M. Stanton Authorized Representative DIVISION OF CHILD SUPPORT	Imed Bailed
(509) 363-5000 Telephone Number	M. Stanton Person to Contac.	
In reply, refer to:  Case #: 659377  NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)	087007	( <u>FG REL</u> 108/1893)
		(2347:010515:220769) 659377/2347