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FILED FOR REGORD SKAMANIA CO. WASH BY DSHS

HAY 10 2 46 PH '01

PLOWNY
AUDITOR

GARY M. OLSON

DIVISION OF CHILD SUPPORT 5411 B MILL PLAIN BLDG 3 PO BOX 4259 VANCOUVER WA 98682-0099



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

NOTIC	CE AND STATEMENT OF L	JEN
Grantor or Debtor: Johnny L. Edoing business as:	Proffice	, also known as or
SSN	, DOB <u>11/24/71</u>	
Grantee or Creditor: The Departm	ent of Social and Health Services (DS	- SHS).
Legal Description:		Pagatteres y
Assessor's Property Tax Parcel Acco	ount Number: •	67
support (bcs) lifes a lien in the am	d above owes past-due child support. ount of \$ 420.54 in _Sh f the debtor named above except Tri	camania County on:
	the Legal Description section above.	
Nay 02, 2001. Date	D. Mclarrin Authorized Representative DIMSION OF CHILD SUPPORT	ノヽ
(360) 696-6100 Telephone Number	D. Mclarrin	
In reply, refer to: Case #: 1550693	Person to Contact	
NOTICE AND STATEMENT OF LIEN DSHS 09-282 (REV. 04/1997)		6FG REL-05/1999) (3986-01/502-214053) 1550693/3888