

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

FILED FOR PECORD SKAMANIA CO. WASH BY DSMS

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AUDITOR

GARY M. OLSON

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NOTICE AND STATEMENT OF LIEN (RCW 74,20A)

The Department of Social and Health Services (DSHS) claims that Joseph H. Pox social security number _____, date of birth 08/05/55 owes a debt for past-due child support. BOOK 160 PAGE 5 DSHS files a lien in the amount of \$ 25,621.45 in Skamania

- All real and personal property of the above-named debtor (except Tribal Trust property), and/or:
- The property described below.

Authorized Representative OFFICE OF SUPPORT ENFORCEMENT

State of Washington	5
County of Clark) ss.)
I certify that D. Opoka individual who signed the above	<u> </u>

appeared before me and is known to me as the

Date: 100	276
	10 10 1 A S

Ellen Vander Veen My appointment expires <u>05019</u>7

Direct questions to: OFFICE OF SUPPORT ENFORCEMENT 5411 E MILL PLAIN BLDG 3 P 0 BOX 4269 VANCOUVER WA 98662-0269 (360) 696-6391

nefirect

In reply, refer to:

Case #: 41.6370

NOTICE AND STATEMENT OF LIEN DSHS 09-282 (Rev. 12/93)