



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

NOTICE AND STATEMENT OF LIEN
(RCW 74.20A)

FILED FOR RECORD
SEATTLE, WA
BY DSHS

JUL 12 1 05 PM '95
Palony
AUDITOR
GARY M. OLSON

122770

BOOK 151 PAGE 65

The Department of Social and Health Services (DSHS) claims that Michael L. Cain
social security number 528-94-5512, date of birth _____ owes a debt for past-due child support.

DSHS files a lien in the amount of \$ 1931.94 in Skamania County on:

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

[Signature]
Authorized Representative
OFFICE OF SUPPORT ENFORCEMENT

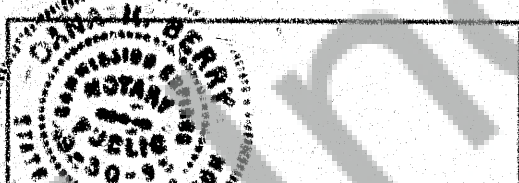
State of Washington)
County of Clark) ES.

I certify that M. Givens appeared before me and is known to me as the
individual who signed the above.

Date: July 10, 95

D.R.B.
Notary Public

My appointment expires Sept 30, 95



Direct questions to:
OFFICE OF SUPPORT ENFORCEMENT
5411 2 MILL PLAIN BLDG 3
P O BOX 4269
VANCOUVER WA 98662-0269
(206) 696-6391

In reply, refer to:
Case #: 1154508

NOTICE AND STATEMENT OF LIEN
DSHS 09-82 (Rev. 12/93)

Registered ☒
Indexed ☒
Filed ☒
Mailed ☒

(PG 981.08/94)
(2073-960707-110718)
1154508