FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

Jul 12 1 05 PM '95
P Lowry
AUDITOR
GARY M. OLSON

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

NOTICE AND STATEMENT OF LIEN

(RCW 74.20A)

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.

Authorized Representative
OFFICE OF SUPPORT ENFORCEMENT

State of Washington)
) ss.
County of Clark)

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

DANA H. BERRY
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
SEPT 30 1995

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

In reply, refer to:
Case #: 1154508

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NOTICE AND STATEMENT OF LIEN
DSHS 09-182 (Rev. 12/93)

(FO REL:08/94)
(2973:REC707-110718)
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