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

NOTICE AND STATEMENT OF LIEN
(RCW 74.20A.060)

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS
JUN 3 2 46 PM '94
Q. Lowry
AUDITOR
GARY M. OLSON

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119612

NOTICE IS HEREBY GIVEN:

That the Department of Social and Health Services (DSHS) claims that Karla A. Cain
SSN: [redacted] DOB: 07/23/62 owes a debt for past due child support.

That DSHS files a lien in the amount of $ 714.00 in Skamania County on:

[X] A. All real and personal property of the debtor, and/or

[ ] B. The property described below

ANY AND ALL PROPERTY BELONGING TO KARLA A. CAIN, AKA KARLA A. HANKIN

T. Hallingstad
Authorized Representative

STATE OF WASHINGTON)
) ss.
County of Clark)

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

SUBSCRIBED AND SWORN to before me on 6/2/94

Kelly Lee Mun
NOTARY PUBLIC in and for the State of Washington
residing at Vancouver
My commission expires on DHS, 19 11.

Inquiry shall be made to:
OFFICE OF SUPPORT ENFORCEMENT
111 W 39th ST
P O Box 4269
Vancouver WA 98662-0269

(206) 696-6391/TDD AVAIL.

In reply, refer to:
D#: 943109

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