(1579 920110 124223)



DSH\$ 3-282,;Rev. 1 64.

IFC FILL 1131

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

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

NOTE	CE IS HE	KERA CIAEN:	
That t SSN:	he Depa	rtment of Social and Health Service DOB: <u>07/28/34</u> owe	res (DSHS) claims that Brrol B. Lamb es a debt for past due child support.
That (25HS file	s a lien in the amount of \$230	040.00 in Skamania County on:
X	A.	All real and personal property of	f the debtor, and/or
	В.	The property described below	
			Authorized Representative
	E OF WA		
L cert who	ify that signed tl	Cloris Quatrer	appeared before me and is known to me as the individual
SUBS	CRIBED	AND SWORN to before me on	1-10-92
	715179141	mar.	Auta R. Aujoh
	41	01,01	NOTARY PUBLIC in and for the State of Washington residing at
	ICE OF 6 W 39th Box 42		My commission expires on 3 2-1 . 19 <u>44</u>
(20	6) 690-		11992 S
tn re	eply, ref <u>e</u> D#:	T to: 798272 SKAMANI AUD 111VINSC	Registered Indexed, Dir 10 Indirect Filmed 1/22 192
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