

BOOK 131 PAGE 672

STATE OF OREGON
DEPARTMENT OF HUMAN RESOURCES
ADULT AND FAMILY SERVICES DIVISION

Registered _____
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 Filmed 11/10/82
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State of OR.
Dept. Human Resources
Oct 20 2 29 PM '92
J. L. Lacey
Division of SON

NOTICE IS HEREBY GIVEN, that the Adult and Family Services Division

Adult and Family Services Division
Stephen D. Minnich, Administrator

By Gabriel E. Lopez
Third Party Recovery Unit
Personal Injury Liens Program

I, Rebecca Profitt, being first duly sworn on oath say: That I am a representative of the Personal Injury Liens Program, Adult and Family Services Division; that I have read the foregoing Notice of Lien and know the contents thereof and believe the same to be true.

Subscribed and sworn to before me on October 12, 1992.

Donise Marie Pabinger, Of
Notary Public for Oregon
My Commission Expires: 7-15-95

