

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

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

NOTICE IS HEREBY GIVEN:				
That the Department of Social and Health Services (DSHS) claims that <u>Errol B. Lamb</u> SSN: <u>041-26-3348</u> DOB: <u>07/28/34</u> owes a debt for past due child support.				
That DSHS files a lien in the amount of \$ 23040.00 in Skamania				County on:
X A.	All real and personal property of the debtor, and/or			
В.	The property described below			
		Authorized	Ar A Presentative	ea to
County of Clark sc.				
I certify that <u>Closic</u> Quatrix appeared before me and is known to me as the individual who signed the above.				
SUBSCRIBED AND SWORN to before inc on 1-10-92				
R R	O's See	Auta	R. Avid	e State of Washington
2 10		residing at	Clark Cutor	
2 3		My commi	ssion expires on $_$	2-1 , 19 <u>94</u> .
Inquiry shall the OFFICE OF 64 111 W 39th	Smade to: RPORT ENFORCEMENT ST	7 !	U	
P O Box 4269 Vancouver W	9 A 98662-0269 (17213/47)			
(206) 690-4	746	67		
In reply outer t D#: 7		1970772	Registered Indexed, Dir Indirect Filmed 1/22/92	
MOTICE AND STATEMEN DSHS 9-282 (Rev. 189) (FG REL.1191)	NT OF LIEN 2008 2 1 2 3 5		Mailed	(1579 920110 124223)