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# RELEASE OF LIEN

**LIEN FILED IN ACCORDANCE WITH RCW 74.09.180**

Dated in Olympia, Washington this 18th day of November, 1986.

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Cave L. McQueen  
Cave L. McQueen, Medical Claims Examiner

I, Sharon Black, Notary Public in and for the State of Washington, do hereby certify that on this 18th day of November, 1986, personally appeared me Gaye L. McQueen, to me known to be the individual who executed the above instrument and acknowledged that he signed the same and that he is authorized to execute this Release of Lien on behalf of the Department of Social and Health Services.

Given under my hand and official seal this 18th of November, 1986.

Sharon Black  
NOTARY PUBLIC In and for the State of  
Washington, My Comm. expires on 01/01/2014.

**RETURN TO:**  
Department of Social and Health Services  
Division of Medical Assistance  
Medical Recovery Unit MS HA-11  
P.O. Box 9256 Olympia, Washington 98504  
Phone: 206/753-1428

DSHS 9-40 (Rev. 9/86)

SKAMANA CO. WASH  
BY D. S. H. S.

**AUDITOR**  
**GARY M. OLSON**

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