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Mar 17 2 02 PM '88

AUDITOR  
GARY M. OLSON

Notice is hereby given that the State of Washington, Department of Social and Health Services, does hereby release that certain lien filed with the County Auditor of Skamania, Washington, on or about the 11th day of January, 1988, recorded in Volume 108 of \_\_\_\_\_ at Page 114 bearing Recording Number 104549, covering the following described property:

LIEN FILED IN ACCORDANCE WITH RCW 74.09.180

IN WITNESS WHEREOF, I, Arleen Leonard, of the Medical Recovery Unit, Department of Social and Health Services, have executed this instrument for and on behalf of said Department of Social and Health Services.

Dated in Olympia, Washington this 11th day of March, 1988.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Arleen Leonard, Medical Claims Examiner

STATE OF WASHINGTON )  
COUNTY OF THURSTON ) ss.

I, Sharon Black, Notary Public in and for the State of Washington, do hereby certify that on this 11th day of March, 1988, personally appeared before me Arleen Leonard, 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 11th of March, 1988.

Theron W. Brown  
NOTARY PUBLIC In and for the State of  
Washington, residing at Olympia.

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) 586-6822 or 1-800-562-6136

DSHS 9-40 (Rev. 3/87)

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