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FERRELL, William B./Ruth Name -

RELEASE OF LIEN

NOTICE IS HEREBY GIVEN THAT the State of Washington, Department of Social and Health Services does hereby release the lien filed with the County Auditor of Skamania 19 88 , recorded in Volume of 111day of October 24th on or about the bearing recording number \_\_\_\_\_106025 323 page FILED FOR RECORD SKAN S. CO. WASH DEPARTMENT OF SOCIAL AND HEALTH SERVICES GARY H. OLSON JOAQUIN RAMOS Financial Recovery Enforcement Officer II State of Washington County of Thurston Joaquin Ramos I certify that I know or have satisfactory evidence that signed this instrument, in oath stated that (he/she) was authorized to execute the instrument and acknowledged it as an officer of the Department of Social and Health Services to be the free and voluntary act of

such party for the uses and purposes mentioned in the instrument.

December 9, 1988 Dated: --

Notary Public in and for the State of Washington, residing at

My appointment expires -

RETURN TO: Department of Social and Health Services Office of Financial Recovery P.O. Box 9501, MS OB-21 Olympia, Washington 98504 Phone: (206) 753-1325



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