AME	NDMEN	т то	NOT	ICE
ANITS	CTATE	MENT	OF I	IEN

Name \_SMITH, John M. Case Number \_\_30-C/F-009100-0

This amendment is to correct the following information on the lien filed by the State of Washington, Department of Social and Health Services, under date of February 23, 1187, recorded by the Auditor of Skamania County in WANAWAXBK. 104 of at page 302, bearing recording number 102707, as follows:
This lien is hereby amended to EXCLUDE the following property ONLY:
Lot 10, Block 9, Plat of relocated North Bonneville, recorded in Book "B" of Plats, Page 16, under Skamania County file no. 83466, also recorded in Book "B" of Plats, page 32, under Skamania County file no. 84429, records of Skamania County, Washington.
FILED FOR RECORD SKAMANIA CO. WASH BY D. S. N.S.
APR 6 12,37 PM *87
APR 6 12 37 PH '87  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  GARY M. OLSON  OLSON
Charlyn W Shipley
Charlyn D. Shipley Financial Recovery Enforcement Officer I
State of Washington ss.
County of Thurston
I certify that I know or have satisfactory evidence that Charlyn D. Shipley
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.
such party for the uses and purposes mentioned in the institution.
Dated: April 1, 1987 April 1, 1987 May May May Dublic in And for the State of Washington, residing at Olympia
of Walk appointment expires 3,10,88
DETUDN 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

DSHS 9-388 (Rev. 2/86) QX A-227

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