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Name OLSON, Mary Jane

Case Number __31-C-210154-0

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 County, Washington on or about the 31st day of July 1987, recorded in Volume of 106 at bearing recording number 103600

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

CHARLYN DE VOSS SHIPLEY

Financ al Recovery Enforcement Officer III

State of Washington

County of Thurston

I certify that I know or have satisfactory evidence that <u>Charlyn DeVoss Shipley</u> 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.

Dated: August 23, 1988

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

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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