

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES OFFICE OF SUPPORT ENFORCEMENT (OSE)

FILED FOR RECORD SKAMANIA CO. WASH BY **DSHS** 

**RELEASE - PARTIAL RELEASE OF LIEN** 

SEP 1 4 36 PM '93 De Lawry

GARY M. OLSON

BOOK /37 PAGE 772

117204

TO: EKAMANIA COUNTY

| State of Washington County of  | the following property.  OSE       |
|--|------------------------------------|
| completed this form for August 31, 1993  Date  Completed this form for August 31, 1993  Control of  | r OSE,                             |
| ate Authorized to OFFICE OF SU  tate of Washington County of Count | Presentative                       |
| ate Authorize Le OFFICE OF SU Authorize Le OFFICE OF SU Cate of Washington county of   | Presentative                       |
| tate of Washington ounty of  | PPORT ENFORCEMENT                  |
| certify that I know or have evidence that  | PPORT ENFORCEMENT                  |
| certify that I know or have evidence that  |                                    |
| ppeared before me. The person acknowledged ing this instrument.  ate 8/3/193  Signature  you have questions, contact:  FFICE OF SUPPORT ENFORCEMENT  STEW  Title   |                                    |
| you have questions, contact:  FFICE OF SUPPORT ENFORCEMENT  STEW  Title  | is the passon who                  |
| you have questions, contact:  FFICE OF SUPPORT ENFORCEMENT  1 W 39th ST  Title   | transaction to                     |
| O BOX 4209   | any Public                         |
| Incouver WA 98662-0269 3 40 TARY 68  | nent expires <u>Mosoco 5, 1997</u> |
| reply, refer to:  D #: 618950  | Registered<br>Indexed, Dir         |
| LEASE - PARTIAL RELEASE OF LIEN. HS 09-296 (Rev. 9.92)   | indirect                           |