

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

F LED FOR RECORD SKAMANIA CO. WASH BY DSHS

J 10 PN 193

## RELEASE - PARTIAL RELEASE OF LIEN SEP 16

117342

AUDITOR BOOK 138 PAGE 14

TO: SKAMANIA COUNTY AUDITOR

The lien is under the name <u>Dale W. Scheel</u> and social security number <u>537-68-8961</u> . The reco	birth date <u>06/27/64</u> rding number is <u>107273</u>
X OSE releases the lien in full.	
OSE releases a portion of the lien. The part that	is released applies to the following property:
, M. Devid co September 15, 1993 Date	mpleted this form for OSE.  Authorized Representative OFFICE OF SUPPORT ENFORCES, VENT
State of Washington County of <u>OCCUL</u> .	
certify that I know or have evidence that Y\	is the person who this instrument.
)ate <u>9-75 - 9-3</u>	Jonesa de manning
you have questions, contact:  DEFICE OF SUPPORT ENFORCEMENT  LI W 39th ST  O Box 4269  Vancouver WA 58562-0269  206) 696-5391	Signature  Dudoxy Public  Title  My appointment expires _12-10-95
n reply, refer to:	Registered Tridexed, D
D #: 395567	Indirect Filmed