

Name: MONTGOMERY, ALANA L.  
Social Security #: 537-68-9693  
Birthdate: 02-28-66  
Case Number: 20-S-020321-0/30-F-010277-0

**RELEASE OF LIEN**  
**118301**

BOOK 140 PAGE 441

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 SKAGANAWA County, Washington on or about MARCH 1, 1991, recorded in Book 122 at page 377 bearing recording number 110895.

FILED FOR RECORD  
SKAGANAWA CO. WASH  
BY DSHS

Dec 21 3 10 PM '93  
J. Bartels  
AUDITOR  
GARY H. OLSON

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

*Michael J. Sommerville*  
MICHAEL J. SOMMERVILLE, LIEN CLERK

State of Washington

SS.

County of Thurston

I certify that I know or have satisfactory evidence that MICHAEL J. SOMMERVILLE, LIEN CLERK 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: December 16, 1993

*Linda M. Simpson*  
Notary Public in and for the State of Washington,

My appointment expires 08-08-96

RETURN TO:  
Department of Social and Health Services  
Office of Financial Recovery  
P.O. Box 9501  
Olympia, Washington 98507-9501  
Phone: (206) 753-1325



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