

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

MAR 31 12 24 PM '94
P. Olson
AUDITOR
GARY M. OLSON

119074

BOOK 142 PAGE 288

TO: SKAMANIA COUNTY AUDITOR
COUNTY COURTHOUSE
P O BOX 269
STEVENSON, WA 98648

The Office of Support Enforcement (OSE) filed a lien with the County Auditor, Skamania County, Washington. The lien was filed on January 26, 1994

The lien is under the name Eylan W. Howell birth date 11/24/60
and social security number 536-68-6885. The recording number is 118537

- ☒ OSE releases the lien in full.
- ☐ OSE releases a portion of the lien. The part that is released applies to the following property:

I. S. Parr completed this form for OSE.

March 29, 1994

Date

Authorized Representative
OFFICE OF SUPPORT ENFORCEMENT

State of Washington
County of CLARK

I certify that I know or have evidence that S. Parr is the person who
appeared before me. The person acknowledged signing this instrument.

Date

3/29/94

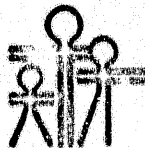
If you have questions, contact:
OFFICE OF SUPPORT ENFORCEMENT
111 W 39th ST
P O Box 4269
Vancouver WA 98662-0269
(800) 345-9984/TDD AVAIL.

In reply, refer to:
D #: 1037183

Elizabeth Ducker
Signature

Notary Public
Title

My appointment expires March 30, 1996



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

FILED FOR RECORD
SKAMANIA CO. WASH
BY 2345

RELEASE - PARTIAL RELEASE OF LIEN

Mar 31 12 24 PM '94

P. Olsson
AUDITOR
GARY M. OLSON

119074

BOOK 142 PAGE 288

TO: SKAMANIA COUNTY AUDITOR
COUNTY COURTHOUSE
P O BOX 269
STEVENSON, WA 98640

The Office of Support Enforcement (OSE) filed a lien with the County Auditor, Skamania County, Washington. The lien was filed on January 26, 1994

The lien is under the name Eylan W. Howell birth date 11/24/60
and social security number 536-68-0895 The recording number is 119074

- ☒ OSE releases the lien in full
- ☐ OSE releases a portion of the lien. The part that is released applies to the following property:

I. S. Parr completed this form for OSE

March 29, 1994
Date

[Signature]
Authorized Representative
OFFICE OF SUPPORT ENFORCEMENT

State of Washington
County of CLARK

I certify that I know or have evidence that S. Parr is the person who
appeared before me. The person acknowledged signing this instrument.

Date 3/29/94

If you have questions, contact:
OFFICE OF SUPPORT ENFORCEMENT
111 W 39th ST
P O Box 4269
Vancouver WA 98662-0269
(800) 345-9984/TDD AVAIL.

In reply, refer to:
D #: 1037183

[Signature]
Signature
Notary Public
Title
My appointment expires March 30, 1996

Registered
Indexed, Dir ☒
Indirect ☒
Filed ☒
Mailed ☒