



124104

BOOK 154 PAGE 450

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

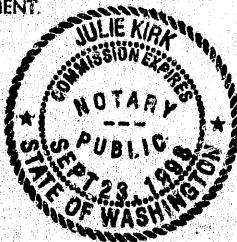
DEC 22 2 40 PM '95

O. Lawry
AUDITOR
GARY M. OLSONTO: 1154508-0031-19961218-180837-2
Skamania County Auditor
POB 790
Stevenson WA 98648The Office of Support Enforcement (OSE) filed a lien with the County Auditor, Skamania
County, Washington. The lien was filed on August 25, 1995.The lien is under the name Michael L. Cain, birth date _____,
and social security number 528-94-5512. The recording number is 123152.

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

I, M. Givens, completed this form for _____December 19, 1995

Date

Authorized Representative
OFFICE OF SUPPORT ENFORCEMENTState of Washington
County of ClarkI certify that I know or have evidence that M. Givens is the person who
appeared before me. The person acknowledged signing this instrument.Date 12/21/95If you have questions, contact:
OFFICE OF SUPPORT ENFORCEMENT
5411 E MILL PLAIN BLDG 3
P O BOX 4269
VANCOUVER WA 98662-0269
(360) 696-6391In reply, refer to:
D #: 1154508Signature Julie KirkTitle NotaryMy appointment expires 9/23/98