

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

RELEASE - PARTIAL RELEASE OF LIEN

FILED FOR RECORD SKAMANIA CO. WASH BY SANT JUA OSUS

AUG 19 12 30 PM '96

P.S. ManAUDITOR
GARY M. OLSON

TO:

11%5772-0031-19980807-181125-0 Skamania County Auditor POB 790 Stevenson WA 98648

126045

BOOK 159 PAGE 68

| The lien is under the name Richard O. Rssacson | birth date 07/02/53 |
|---|--|
| and social security number The rec | cording number is 123093 |
| OSE releases the lien in full. | |
| OSE releases a portion of the lien. The part that | at is released applies to the following property: |
| | |
| | |
| | |
| | |
| i, <u>R. Neal</u> | completed this form for OSE. |
| August 07, 1996 | Charled a |
| Date | Authorized Representative OFFICE OF SUPPORT ENFORCEMENT |
| State of Washington | |
| County of | |
| certify that I know or have evidence that appeared before me. The person acknowledged signing | U / Ual is the person who |
| On 111 O / | g this instrument. |
| Pate ODIA 96 | Ellen Vanaer Veer |
| If you have questions, contact: | Signature |
| OFFICE OF SUPPORT ENFORCEMENT | Title |
| P O BOX 4269 VANCOUVER WA 98662-0269 | » (Manus Ma |
| 360) 696-6391 | My appointment expires |
| n reply, refer to: D #: 1155772 | and the second s |
| - 12 : 12 : 12 : 12 : 12 : 12 : 12 : 12 | Adicaci, dr. |
| rele/ise - Partial Release of Lien 05-20-206 (Rev. 9/92) | |
| 나타를 가능한다는 사람이라는 하는데 다양한 맛이었다. 이번 없 | (2 h.coa/s) |