

STATE OF WASHINGTO 1 DEPARTMENT OF SOCIAL AND HEALTH SERVICES OFFICE OF SUPPORT ENFORCEMENT (OSE)

FILED FOR RECORD SKAMANIA GO. WASH BY DSHS

RELEASE - PARTIAL RELEASE OF LIEN

OCT 21 9 00 M '96

CHAWRY

AUDITOR

GARY M. OLSON

1034363-0031-19961013-185843-1
TO: %kamania County Auditor
POB 790
Stevenson WA 98648

126495

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The lien is under the name Ellen S. Rose and social security number	, birth date 01/13/52 recording number is 120009
OSE releases the lien in full.	
OSE releases a portion of the lien. The part t	hat is released applies to the following property:
A. Generic	completed this form for OSE
october 13, 1996	(desolin)
ate	Authorized Representative OFFICE OF SUPPORT ENFORCEMENT
tate of Washington	
County of Thurston.	
ppeared before me. The person acknowledged signi	ing this instrument
ate 10 - 14 - 96	Signature
you have questions, contact: DEFICE OF SUPPORT ENFORCEMENT	A CONTRACTOR OF THE CONTRACTOR
entral Registry	Title Entrycial Title
.O. Box 9008, MS: 5863	
ympia Wa 98507-9008 800) 442-5437	My appointment expires
। raply, refer to:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
D #: 1034363	Adexed, Dir
ELLASE MARTINE RELEASE OF LIEN	Timed to the second
5HS 09-296 (Rev. 9/92)	Mailed (FG REL:09/95) (180/95) (180/95) (180/95) (180/95)