

142299

BOOK 214 PAGE 638

RETURN:

Department of Social and Health Services
Medical Assistance Administration
COB Casualty Unit
P.O. Box 45561 Olympia, WA 98504-5561

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

SEP 12 9 48 AM '01

Olson
AUDITOR
GARY M. OLSON

RELEASE OF LIEN

Recording Number: 139670
Volume: 204
Page: 409
Dated: November 15, 2000
Grantee/Creditor: Ed & Marie Hopkins and State Farm insurance
Grantor/Debtor: DSHS and Ella L. Moore
Date of Injury: 10-2-99

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 Skamania County, Washington on or about November 15, 2000, bearing recording number 139670.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Sandra Elder

Sandra Elder, Medical Assistance Specialist

STATE OF WASHINGTON)
)ss.
COUNTY OF THURSTON)

I, Sharla L. Metheny, Notary Public in and for the State of Washington, do hereby certify that on this 20th day of August, 2001, personally appeared before me Sandra Elder, to me known to be the individual who executed the above instrument and acknowledged that she signed the same and that she is authorized to execute this Release of Lien on behalf of the Department of Social and Health Services.

for my hand and official seal this 20th day of August, 2001.



1-800-551-51209
Fax: (360) 755-3077
DSHS 9-40 (Rev. 7/90)

Sharla L. Metheny
NOTARY PUBLIC IN and for the State of
Washington.
My appointment expires August 20, 2004.

Eng-000000 ✓
advised the _____
notary _____
I signed _____
on _____