## 150217



## **RETURN RECORDING INFORMATION TO:**

Department of Social and Health Services
Financial Services Administration
Office of Financial Recovery
PO Box 9501
Olympia WA 98507-9501

BOOK	250	PAGE	19
FILI		CLC DRU	
SEA	USHS	# 145H	

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J. MICHAEL MAR DSON

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Recording number:	LIEN RELEA 132723	ASE - PARTIAL RELEASE	**Imed	
Volume number: 180				
Book and Page No:	960		w	
Grantee or Creditor: Grantee or Debtor: doing business as:	or Debter SAMPSON, JAMET G			
The State of Was	hington filed the lien i	dentified above with the SKAMAI	NIA County Auditor	
UI 3/3/1386 . IN	e state of Washington	releases the len:		
⊠ In full:				
☐ The following	property:			
Partial release	as described below:			
——— Client Recovery I	Program	KATHLEEN GREGORY		
Contact 1-800-562-6114		AUTHORIZED REPRESENTATIVE DEPARTMENT OF SOCIAL AND HEALTH SERVICES		
Telephone Number		9/5/2003		
		Date		

In reply, refer to: Case# 533761448 CRU

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