

96919

DONOVAN, Steven L.

NAME

30-K-006097-0

CASE NUMBER

RELEASE OF LIEN

Notice is hereby given that the Department of Social and Health Services does hereby release "in its entirety"

the lien filed with the County Auditor of Skamania County, Washington on or about the 16th day of September 19 82, recorded in Volume of at page bearing recording number 94782.

IN WITNESS WHEREOF, I, Elvin Nelson, Claims Investigator of the Office of Financial Recovery of the State Department of Social and Health Services, have executed this instrument for and on behalf of said State Department of Social and Health Services.

Dated in Olympia, Washington this 29th day of December, 19 83.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

*Elvin Nelson*

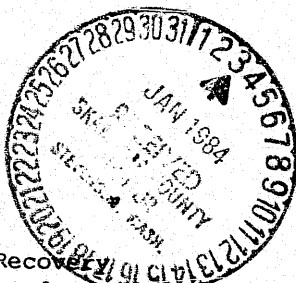
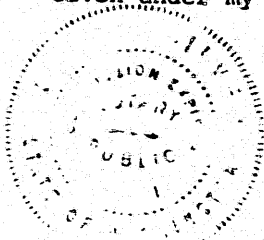
Elvin Nelson

Claims Investigator

STATE OF WASHINGTON )  
COUNTY OF THURSTON ) ss.

On this day personally appeared before me, Elvin Nelson, to me known to be the individual who executed the within and foregoing instrument and acknowledged that he/she signed the same and that he/she is authorized to execute said instrument on behalf of the Department of Social and Health Services.

Given under my hand and official seal this 29th day of December, 19 83.



*Ruth E. Scher*  
Notary Public in and for the State of Washington, residing at Hoodsport

RETURN TO:  
Office of Financial Recovery  
Department of Social and Health Services  
P. O. Box 9501 OB-21  
Olympia, WA 98504  
Phone: (206) 753-1325  
DSHS 9-40A (06/83)