



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
OFFICE OF SUPPORT ENFORCEMENT

RELEASE - PARTIAL RELEASE OF INFORMATION

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY **DSHS**

MAR 31 12 24 PM '94

*P. Garry*  
AUDITOR  
GARY H. OLSON

**119074**

BOOK 142 PAGE 288

TO: SKAMANIA COUNTY AUDITOR  
COUNTY COURTHOUSE  
P O BOX 269  
STEVENSON, WA 98642

The Office of Support Enforcement (OSE) filed this with the County Auditor, Skamania County, Washington. The date was filed on January 26, 1994.

If this is not the name Eylan W. Howell  
and social security number                     

Birth date                     

and recording number 119527

☒ OSE releases the full name.

☐ OSE releases a portion of the full name. The part that is released applies to the following property:

I. S. Parr

completed this form for OSE.

March 29, 1994

Date

State of Washington

County of Clark

I certify that I know or have evidence that S. Parr is the person who  
appeared before me. The person acknowledged signing this instrument.

Date 3/29/94

If you have questions, contact  
OFFICE OF SUPPORT ENFORCEMENT  
111 W 39th ST.  
P O BOX 1263  
Vancouver WA 98662-0263  
(800) 345-0984/TDD AVAIL.

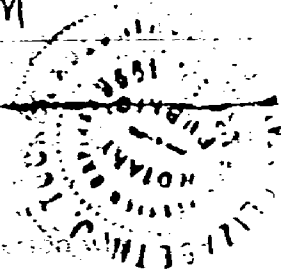
In reply, refer to:

D # 1037183

*Elizabeth Ducker*  
Notary Public

Title

My appointment expires March 30, 1996





STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND COMMUNITY SERVICES  
OFFICE OF SUPPORT ENFORCEMENT

RELEASE - PARTIAL RELEASE OF LITIGATION

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY DSHS

MAR 31 12 24 PM '94  
P. Lawry  
AUDITOR  
GARY H. OLSON

119074

BOOK 142 PAGE 288

TO: SKAMANIA COUNTY AUDITOR  
COUNTY COURTHOUSE  
P O BOX 269  
STEVENSON, WA 98648

The Office of Support Enforcement (OSE) has a lien with the County Auditor, Skamania County, Washington. The lien was filed on January 26, 1994.

The lien is against the name Bylan W. Howell with date 11/21/93  
and social security number 536-63-6805 and Washington number 118927

- ☒ OSE releases the lien in full.  
☐ OSE releases a portion of the lien. The part that is released applies to the following property:

I, S. Parr

completed this form for OSE.

March 29, 1994  
Date

State of Washington  
County of CLARK

I certify that I know or have evidence that S. Parr is the person who  
appeared before me. The person acknowledged signing this instrument.

Date 3/29/94

If you have questions, contact  
OFFICE OF SUPPORT ENFORCEMENT  
111 W 39th ST  
P O Box 1269  
Vancouver WA 98662-0269  
(800) 315-9984/TDD AVAIL.

In reply, refer to:  
D # 1037183

Elizabeth Ducker  
Notary Public

Title  
My appointment expires March 30, 1996