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

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

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

RELEASE - PARTIAL RELEASE OF LIEN

119074

BOOK 142 PAGE 288

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

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

The lien is under the name Eylan W. Hovell birth date [redacted] and social security number [redacted]. The recording number is 118537.

[x] OSE releases the lien in full.

[ ] OSE releases a portion of the lien. The partial release applies to the following property:

I, S. Parr completed this form for OSE.

March 29, 1994
Date

Authorized Representative
Office of Support Enforcement

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

Elizabeth Tucker
Signed
Notary Public
Title
My appointment expires March 30, 1996

If you have questions, contact
OFFICE OF SUPPORT ENFORCEMENT
111 W 39th ST.
P O Box 1269
Vancouver WA 98662-0269
(800) 345-9984/TDD AVAIL.

In reply, refer to:
D #. 1037183

RELEASE-PARTIAL RELEASE OF LIEN
DSHS 09-351 Rev. 3/92

1037183

Registered
Indexed, Dir
Indirect
Filmed
Mailed

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

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

The lien is under the name Bylan W. Boswell birth date 11/21/69 and social security number 536-63-6805 the recording number is 118537.

[x] OSE releases the lien in full.

[ ] OSE releases a portion of the lien. The partial release applies to the following property:

S. Parr completed this form for OSE.

March 29, 1994
Date

S. Parr
Authorized Representative
OFFICE OF SUPPORT ENFORCEMENT

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

Elizabeth Decker
Signature
Notary Public
Title
My appointment expires March 30, 1996

If you have questions, contact:
OFFICE OF SUPPORT ENFORCEMENT
111 W 39th ST
P O Box 4269
Vancouver WA 98662-0269
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In reply, refer to:
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RELEASE - PARTIAL RELEASE OF LIEN
DSHS 09-98 FEB 1993

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