

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES SKAMARIA CO. WASH OFFICE OF SUPPORT ENFORCEMENT (OSE)

BY

DSHS

RELEASE - PARTIAL RELEASE OF LIENT 1

M. 7 12 57 PH '94

AUDITOR

GARY M. OLSON

119935

TO: SKAKANTA CO CLERK

BOOK 144 PAGE 386

County, Washington. The lien was filed or	n March 08, 1991
The lien is under the name Michael B.	
and social security number	. The recording number is 110919
OSE releases the lien in full.	
OSE releases a portion of the lien.	The part that is released applies to the following property:
e re de la companya della companya de la companya de la companya della companya	
· · · · · · · · · · · · · · · · · · ·	
And the second second	
# 1	
P Maal	completed this term for OSE.
, E. Real	completed this term for Osc.
June 30, 1994	(lead teal
Date 7	Authorized Representative OFFICE OF SUPPORT ENFORCEMENT
State of Washington	
County of	
certify that I know or have evidence that	
ppeared before me. The person acknow	dedged signing this instrument.
Date 7/1/9U	Killy one I Mun
	Signature
(you have questions, contact:	Senon Establish Du Duch
LIL W 39th ST	Tinle (Michael)
P O Box 4269	My appointment expires
Vancouver WA 98662-0269	
(206) 696-6391/TDD AVAIL.	200 15 MAS
in reply, refer to:	Of my SWO
D #: 502722	indirect
BRIERY - PARTIAL BELEAGE OF LES-	Filmes