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124104

BOOK 154 PAGE 450

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

FILED FOR RECORD SKAMANIA GO. WASH BY <u>DS.HS</u>

RELEASE - PARTIAL RELEASE OF LIEN

DEC 22 2 40 PM '95

PROWAY

AUDITOR

GARY M. OLSON

TO: Skamania County Auditor POB 790 Stevenson WA 98648

The Office of Support Enforcement (OSE) filed a lien with the County Auditor, Skamania County, Washington. The lien was filed on August 25, 1995		
The lien is under the name Michael L. Cain and social security number 528-94-5512 . The recording number is 123152		
	OSE releases the lien in full.	X
	OSE releases a portion of the lien. The part that is released applies to the following property:	
l, <u>M</u>	. Givens	completed this form for the
, D		
Date	cember 19, 1995	Authorized Representative
Ctat	a division	OFFICE OF SUPPORT ENFORCEMENT
State of Washington County of		
I certify that I know or have evidence that		
appeared before me. The person acknowledged signing this instrument.		
Dat	e <u>12/21/95</u>	Julie Hick
if yo	ou have questions, contact:	Signature Pulie Kirk
OFFICE OF SUPPORT ENFORCEMENT. 5411 & MILL PLAIN BLDG 3 JULIE KIRK		
	D BOX 4269 COUVER WA 98662-0269	
	0) 696-6391 SHOTAR	My appointment expires $\frac{9/23/98}{}$
in re	eply, refer to:	in vice V
bere.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
DSHS	SE - PARTIAL RELEASE OF LIEN 09-296 (Rev. 9-92)	(FG REL:09/95) (9893:951219:180837)
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