

125902

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

BOOK 158 PAGE 774
FILED FOR RECORD
SKAMANIA CO WASH.
BY DSHS

RELEASE - PARTIAL RELEASE OF LIEN

AUG 2 2 39 PM 196

AUDITOR

CARY H. OLSON

522936-0031-19960730-180733-8 Skamania County Auditor POB 790 Stevenson WA 98643

| | A B A B |
|---|--|
| he Office of Support Enforcement (OSE) filed a lien with county, Washington. The lien was filed on August 27, | t the County Auditor, Skanania |
| | |
| he lien is under the name Raymond W. Teel nd social security number | , birth date 10/03/58 |
| the reco | ording number is 111938 |
| OSE releases the lien in full. | |
| OSE releases a portion of the lien. The part that | is released applies to the following property: |
| | |
| | |
| | |
| | |
| - 1 | |
| W Catao | |
| V. Cates co | ompleted this form for OSE. |
| A 41 - | 11/1 |
| ly 30, 1996 | 1/10th |
| te | Authorized Representative |
| | OFFICE OF SUPPORT ENFORCEMENT |
| ate of Washington | _ \ |
| ounty of | |
| 3 | |
| ertify that I know or have evidence that | is the person who |
| peared before me. The person acknowledged signing | this instrument. |
| 0 | |
| ate 7-31-96 | to of Student |
| 0.3 | Signature |
| you have questions, contact: | |
| FFICE OF SUPPORT ENFORCEMENT | Motory Public |
| 0 BOX 4269 | Title |
| MCOUVER WA 98662-0269 | φ. |
| 150) 696-6391 | My appointment expires 3597 |
| | Valened. |
| reply, refer to: | indirect |
| D #: 522936 OF WASHIN | |
| " ** ** ** *** | [limed |
| ELEASE - PARTIAL RELEASE OF LIEN SHS 09-296 (Rev. 992) | (FG RELOG/95) |