

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

FILED FOR RECORD SKAMANIA CO, WASH BY DSHS

RELEASE - PARTIAL RELEASE OF LIEN

F LIEN

F LIEN

GARY M. OLSON

BOOK /58 PAGE 911

125964

881917-0031-19960804-140138-2 Skamania County Auditor POB 790 Stevenson WA 98648

-				4.76
The Cour	Office of Support Enforcement (Office of Support Enforcement (Office) Office of Support Enforcement (Office)	SE) filed a lien with the O d on <u>4/14/92</u>	ounty Auditor, <u>Skanania</u>]
	lien is under the name James A. social security number	Bloodgood The recording r	birth date <u>10/2</u> 0 Jumber is <u>0000000000000 11327</u>	
	OSE releases the lien in full.	- *		- 4
	OSE releases a portion of the l	ien. The part that is relea	sed applies to the following prop	erty:
, <u>1</u>	"RICHARDSON	complete	ed this form for OSE.	
<u>Aug</u> Date	rust 04, 1996		Authorized Representative OFFICE OF SUPPORT ENFORCEMENT	lsn
Stat Cot	e of Washington Inty of Clark		~ (J	
I certify that I know or have evidence that is the person who appeared before me. The person acknowledged signing this instrument.				person who
Dat	e 8/6/96	A STATE OF THE STA	Signature	- sur
	ou have questions, contact: FICE OF SUPPORT ENFORCEMENT	TOR TO	Notary	
P	LL R MILL PLAIN BLDG 3 D BOX 4269 MCXUVER WA 98662-0269	A STORES	Title My appointment expires	1/15/00
of S4: P (ou have questions, contact: FICE OF SUPPORT ENFORCEMENT LL R HILL PLAIN BLDG 3 D BOX 4269	No. 10 Page 18 A	Title	1/15/00

Indirect

Filmed

In reply, refer to: D #: 881917

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