



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

RELEASE - PARTIAL RELEASE OF LIEN

FILED FOR RECORD
SKAMANIA CO. WASH
BY DSHS

OCT 21 9 31 AM '96

P. Hairy
AUDITOR
GARY M. OLSON

TO: 921327-0031-19961015-180923-3
Skamania County Auditor
POB 790
Stevenson WA 98648

126499

BOOK 160 PAGE 228

The Office of Support Enforcement (OSE) filed a lien with the County Auditor, Skamania
County, Washington. The lien was filed on October 30, 1992.

The lien is under the name Clarence E. Bridgeman, birth date _____,
and social security number _____. The recording number is 114844.

☒ OSE releases the lien in full.

☐ OSE releases a portion of the lien. The part that is released applies to the following property:

I, S. Fossum, completed this form for OSE.

October 15, 1996
Date

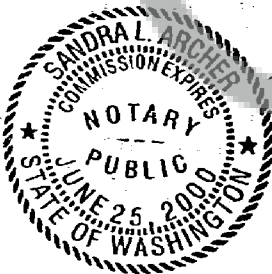
[Signature]
Authorized Representative
OFFICE OF SUPPORT ENFORCEMENT

State of Washington
County of Clark

I certify that I know or have evidence that S. Fossum is the person who
appeared before me. The person acknowledged signing this instrument.

Date 10-17-96

If you have questions, contact:
OFFICE OF SUPPORT ENFORCEMENT
5411 E MILL PLAIN BLDG 3
P O BOX 4269
VANCOUVER WA 98662-0269
(360) 696-6391



Sandra L. Archer
Signature

CT3
Title

My appointment expires 6-25-2000

In reply, refer to:
D #: 921327

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DSHS 09-296 (Rev. 9-92)

Registered	<i>[initials]</i>
Indexed	<i>[initials]</i>
Filed	<i>[initials]</i>
Noted	<i>[initials]</i>

(FG REL-09/95)
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921327/2405