

126740

BOOK 160 PAGE 897

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

FILED FOR RECORD SKAMANTA CO. WASH-BY DSHS

RELEASE - PARTIAL RELEASE OF LIEN

HOY 20 12 10 PH 196

CONFIGNATION OLSON

indirect

835854-0031-19961118-010622-4
TO: Skamania County Auditor
POB 790
Stevenson WA 98648

| The Office of Supp County, Washingto | ort Enforcement (OSE) filed a lien w n. The lien was filed on April 07 | ith the County Auditor, <u>Skamani</u> | a |
|---|--|---|--------------------|
| | ne name Chad D. Scott | - A | te <u>03/17/65</u> |
| OSE release | es the lien in full. | 113943 | · |
| | | | 1 |
| OSE release | OSE releases a portion of the lien. The part that is released applies to the following property: | | |
| / | $\mathcal{A}(\mathcal{O})$ | 17 11 11 11 11 11 11 11 | ing property: |
| R. Opoka | | ompleted this form for OSE. | |
| November 18, 19 | | Rooka | |
| - 1 | 317 | Authorized Representative OFFICE OF SUPPORT ENFOR | CENTENT |
| State of Washington | | | CEMENT |
| County ofCla | | | _ |
| I certify that I know appeared before me. | or have evidence that R. Opok The person acknowledged signing | a | is the person who |
| 0 | Paragration and a signing | this instrument. | , |
| Date MVCmbe | <u>119.96</u> | Danadachy | D |
| If you have questions | | Signature | 0 |
| OFFICE OF SUPPORT | ENFORCEMENT : | noting or or | · |
| DATT R WILL BUVI | N BLDG 3 | Title Title | Styluk |
| P O BOX 4269 VANCOUVER WA 986 | | ilue S | |
| (360) 696-6391 | 02-0269 | My appointment expires | Sept 30.00 |
| in reply, refer to: D #: 83585 | 4 | | Rog. neied |
| | | | |