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RETURN RECORDING INFORMATION TO:
Department of Social and Health Services
Financial Services Administration
Office of Financial Recovery
PO Box 9501
Olympia WA 98507-9501

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*			N'103
Recording number:	LIEN RELEASE -	PARTIAL RELEASE	Estat.
Volume number:	180		B. B.
Book and Page No:	960		ч. ч
Grantee or Creditor:	DSHS, Financial Services A	Administration, Office of Financial R	? Proveny
Grantee or Debtor: doing business as:	SAMPSON, JANET G		nown as or
	hington filed the lien identifies state of Washington rele	lied above with the SKAMANIA ases the lien:	County Auditor
In full:	-		
☐ The following	property:		
	4		
Partial release	e as described below:	<b>.</b>	
<del></del>			
Client Recovery	Program	KATHLEEN GREGORY	- 1
Contact 1-800-562-6114		AUTHORIZED REPRESENTATIVE DEPARTMENT OF SOCIAL AND HEALT	TH SERVICES
Telephone Numb	er	9/5/2003	$\overline{}$
	₩	Date	

In reply, refer to: Case# 533761448 CRU

DSHS 09-963 (96-2003) BE34 1 if I