

RETURN RECORDING INFORMATION TO:

Department of Social and Health Services
Financial Services Administration
Office of Financial Recovery
PO Box 9501
Olympia WA 98507-9501

Case# 2623 CRU

DSHS 09-963 (06/2003) F229 1 of 1 Doc # 2005158001
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Date: 07/15/2005 10:23A
Filed by: DSHS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$19.00

	LIEN RELEASE -	- PARTIAL RELEASE
Recording number:	124272	
Volume number:	154	
Book and Page No:	849	7
Grantee or Creditor:	DSHS, Financial Services A	Administration, Office of Financial Recovery
Grantor or Debtor: doing business as:	INMAN, TRACY L WHI:	, also known as or
		, ,
The State of Wasl on 1/12/1996. T	hington filed the lien identi he state of Washington re	fied above with the SKAMANIA County Auditor leases the lien:
In full:		
☐ The following	property:	
Partial release	e as described below:	
Client Recovery	Program	GLORIA TURNER
Contact 1-800-562-6114 Telephone Number	or.	AUTHORIZED REPRESENTATIVE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
reiephone radino	OI.	Date 7/11/05
In reply, refer to:		Date 771 1700