

Doc # 2006160167
Page 1 of 2
Date: 01/09/2006 02:28P
Filed by: CLARK COUNTY TITLE
Filed & Recorded in Official Records
of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$33.00

AFTER RECORDING MAIL TO:

Name CLARK COUNTY TITLE

Address 700 NE 4TH AVE #201

City, State, Zip CAMAS, WA 98607

Filed for Record at Request of **Clark County Title, Camas**

OPTIMUM RECOVERY SERVICES

Claimant

vs

RICHARD BECKMAN

Defendant

RELEASE OF LIEN

79651-WT

KNOW ALL MEN BY THESE PRESENTS: that a certain Lien, claimed by Lein Notice filed and recorded in the office of the County Auditor of **SKAMANIA** County, Washington, on the **11TH** day of **DECEMBER, 2001**, recorded in Record of Liens, Volume No. **218**, Page No. **924** under Auditor's File No. **14357**, by the above-named claimant against the above-named defendant, for the sum of **Twenty-seven thousand two hundred thirty-seven and 87/100 Dollars (\$27,237.87)**, upon the following property:

LOT 4, LAKESHORE ESTATES SHORT PLAT, ACCORDING TO THE PLAT THEREOF, RECORDED IN BOOK "T" OF PLATS PAGE 111 AND 112, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

Assessor's Property Tax Parcel Account Number(s): 02-07-20-0-0-0304-00

is paid and satisfied, and the same is hereby released.

Witness my hand this 29 day of December, 2005

Witnesses:

OPTIMUM RECOVERY SERVICES, LLC *Claimant*

By: Robert L Casey, manager *Claimant*

STATE OF WASHINGTON
COUNTY OF _____

} ss

I certify that I know or have satisfactory evidence that _____ [is/are] the person[s] who appeared before me, and said person[s] acknowledged that [he/she/they] signed this instrument and acknowledged it to be [his/her/their] free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: _____

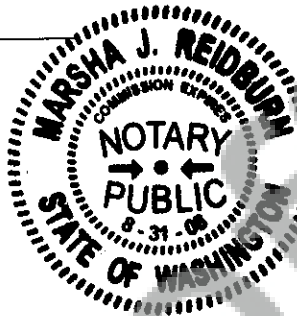
Notary Public in and for the State of Washington
Residing at _____
My appointment expires: _____

STATE OF WASHINGTON
COUNTY OF Pierce

} ss

I certify that I know or have satisfactory evidence that Robert G. Casey [is/are] the person[s] who appeared before me, and said person[s] acknowledged that [he/she/they] signed this instrument, on oath stated that [* he/she/they] authorized to execute the instrument and acknowledged it as the manager of Optimum Recovery Services, LLC to be the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: 12/24/05



Marsha J. Reidburn

Notary Public in and for the State of Washington
Residing at Tacoma
My appointment expires: 8/31/08