

RETURN:
Department of Social and Health Services
Medical Assistance Administration Casualty Unit
P.O. Box 45561
Olympia, WA 98504-5561

RELEASE OF LIEN

Recording Number: 2009173556
Dated: 08/05/2009
Grantee/Creditor: SKAMANIA COUNTY; ROSE CITY ADJUSTERS; Claim #R6086BW
Grantor/Debtor: DSHS and MICHAEL HUBBELL
Date of Injury: 01/02/2009

Notice is hereby given that the State of Washington, Department of Social and Health Services, does hereby release the lien filed with the County Auditor of Skamania County, Washington on or about 08/05/2009, bearing recording number 2009173556.

STATE OF WASHINGTON)

ISS.

COUNTY OF THURSTON)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Steve White, Medical Assistance Specialist

I, Michael F Haynes, Notary Public in and for the State of Washington, do hereby certify that on this 25th day of March 2010, personally appeared before me Steve White, to me known to be the individual who executed the above instrument and acknowledged that he/she signed the same as that he/she authorized to execute this Release of Lien on behalf of the Department of Social and Health Services.

Given under my hand and official seal this 25th day of March, 2010.

Michael F. Haynes

NOTARY PUBLIC IN and for the State of Washington
My appointment expires May 21, 2013

