



RETURN RECORDING INFORMATION TO:

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
FINANCIAL SERVICES ADMINISTRATION
OFFICE OF FINANCIAL RECOVERY
PO BOX 9501
OLYMPIA WA 98507-9501

LIEN RELEASE - PARTIAL RELEASE

Recording number: 2004154789
Volume number: _____
Book and Page number: 1
Grantor or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Grantee or Debtor: TIM E ESSEX JR, also known as or
doing business as: _____

The State of Washington filed the lien identified above with the SKAMANIA County Auditor on 10/14/2004. The State of Washington releases the lien:

- ☒ In full:
☐ the following property:
☐ Partial release as described below:

CLIENT RECOVERY PROGRAM

CONTACT

1-800-562-6114

TELEPHONE NUMBER

In reply, refer to:
Case #: 2486351CR

DSHS 09-963 (REV. 05/2006)

Kevin Cavanaugh

AUTHORIZED REPRESENTATIVE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

09/10/2013
DATE