

DSHS 09-963 (06/2003) BC41 1 of 2

RETURN RECORDING INFORMATION TO:

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

2 (0404280041
21.	ait County Auditor

4/28/2004 Page

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1 10:02AM

Recording number:	LIEN RELEASE - 200303280070	PARTIAL REL	EASE
Volume number:			•
Book and Page No:			
Grantee or Creditor:	DSHS, Financial Services A	dministration, Offic	ce of Financial Recovery
Grantor or Debtor: doing business as:	FOX, KENNETH H & LUANA ANN		, also known as or
			,
	hington filed the lien identif state of Washington releas		e SKAGIT County Auditor on
The following	property:		
—— Partial release	e as described below:		
Tartial Tolcast	as acsorbed below.		Superior Superior
Residential Reco Program	overy	COLLEEN K SI	
Contact 1-800-562-6114		AUTHORIZED REPR DEPARTMENT OF S	RESENTATIVE SOCIAL AND HEALTH SERVICES
Telephone Numb	er	4/22/2004	
		Date	
In reply, refer to:			
Case# 431 38507	'0 MH		