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1 8:45AM



RETURN 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:	200607120011			_
Volume number:				_
Book and Page No:				
Grantee or Creditor:	itor: DSHS, Financial Services Administration, Office of Financial Recovery			
Grantor or Debtor:	Grantor or Debtor: JOHN A FOSS			, also known as or
doing business as:				_ ,
The State of Wash 09/29/2009. The S In full:			ed above with the SKAGIT Co	ounty Auditor on
The following p	property:			
Partial release	as describe	ed below:		
Estate Recovery Program			LESA GILBERT	<u> </u>
Contact 1-800-562-6114 e	xt. 45663		Authorized Representative Department of Social and H 09/29/2009	ealth Services
Telephone Number	er		Date	
In reply, refer to:		0	00002361048ER23	354
Case# 0023610 DSHS 09-963 (Rev. 06/2003				
DSHS 09-963 (Rev. 06/200) 2 of 2	3)			