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1 10:09AM



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: | 20080814 | 40005 🤇 | | |
|---|---|-----------------|---|----------------------|
| Volume number: | | | | |
| Book and Page No: | | | | |
| Grantee or Creditor: | DSHS, Financial Services Administration, Office of Financial Recovery | | | |
| Grantor or Debtor: | IRENE N | JOHNSON | | , also known as or |
| doing business as: | | | | , |
| 11/14/2008. The St In full: The following pr | ate of Was | shington releas | ied above with the SKAG es the lien: | IT County Auditor on |
| Partial release | | ed below: | Shannon Garrick | |
| Estate Recovery Pr | ogram | | | |
| Contact 1-800-562-6114 ext. 45663 | | | Authorized Representative Department of Social and Health Services 11/09/2009 | |
| Telephone Number | | ····· | Date | |
| In reply, refer to: | | C | 00050760181EF | R2354 |
| DSHS 09-963 (Rev. 06/2003) 2 of 2 | 11 ER | | | |