8||| \$\|^__ ||\$\\^__ ||\$\\^__ ||\$\\^__ ||\$\\^__ ||\$\\^__ ||\$\\^__ ||\$\\^__ ||\$\\^__ ||\$\\^__ ||\$\\^__ ||\$\\^__ | 201810110072

10/11/2018 03:56 PM Pages: 1 of 1 Fees: \$37.00 Skagit County Auditor



CHICAGO TITLE 102005

RETURN RECORDING INFORMATION TO:
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
ECONOMIC SERVICES ADMINISTRATION (ESA)
OFFICE OF FINANCIAL RECOVERY (OFR) PO BOX 9501 OLYMPIA WA 98507-9501

LIEN RELEASE - PARTIAL RELEASE

Recording number:	201408220001		
Volume number:	1		
Book and Page number:	1	_	
Grantor or Creditor:	DSHS, Economic Services Administration, Office of Financial Recovery		
Grantee or Debtor:	DANIA A MEDINA		, also known as or
doing business as:			_
The State of Washington 08/22/2014. The State of Washington 108/22/2014.	f Washington relea	ified above with the SKAGIT County uses the lien as follows:	Auditor on
VENDOR RECOVERY PROGRAM		Steve Fettig	
PROGRAM		REVENUE AGENT / AUTHORIZED REPREDEPARTMENT OF SOCIAL AND HEALTH	
1-800-562-6114 ext 45549		10/08/2018	
TELEPHONE NUMBER		DATE	
In reply, refer to: OFR Account Number: 526044VR LIEN RELEASE - PARTIAL RELEASE DSHS 09-963 (REV. 12/2013)		000000526044VR2354	