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



CHICAGO TITLE

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:	201412110001		
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		wn as or
doing business as:			
The State of Washington 12/11/2014. The State of washington 12/11/2014. The State of washington in full: the following property Partial release as designed.	f Washington relea r:	tified above with the SKAGIT County Auditor o ases the lien as follows:	n
VENDOR RECOVERY PROGRAM		Steve Fettig	
PROGRAM		REVENUE AGENT / AUTHORIZED REPRESENTATIVE DEPARTMENT OF SOCIAL AND HEALTH SERVICES	
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	