

ORIGINAL



RETURN RECORDING INFORMATION TO:

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



200408090128
Skagit County Auditor

8/9/2004 Page 1 of 1 11:21AM

LIEN RELEASE – PARTIAL RELEASE

Recording number: 200208020036
Volume number: _____
Book and Page No: _____
Grantee or Creditor: DSHS, Financial Services Administration, Office of Financial Recovery
Grantor or Debtor: BOYD, DALE O, also known as or
doing business as: _____

The State of Washington filed the lien identified above with the SKAGIT County Auditor on 8/2/2002. The state of Washington releases the lien:

- In full:
- The following property:

- Partial release as described below:

Estate Recovery Program

Contact
1-800-562-6114
Telephone Number

PEGGY J DeMIERO

AUTHORIZED REPRESENTATIVE
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

7/20/2004

Date

In reply, refer to:
Case# 004298639 ER