

9/29/2005 Page

1 9:13AM



RETURN RECORDING INFORMATION TO:

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

| | LIEN RELEASE | - PARTIAL RELEA | SE |
|---|---|---|--------------------|
| Recording number: | 200304210023 | · | |
| Volume number: | | <u> </u> | _ |
| Book and Page No: | | <u> </u> | |
| Grantee or Creditor: | itor: DSHS, Financial Services Administration, Office of Financial Recovery | | |
| Grantor or Debtor: | CARPENTER, ELENOF | IA A | , also known as or |
| doing business as: | | Annual | |
| 4/21/2003. The st In full: The following | hington filed the lien ident ate of Washington release property: e as described below: | es the lien: | |
| | | KENNETH WASHIN | GION |
| Contact 1-800-562-6114 | | AUTHORIZED REPRESENT DEPARTMENT OF SOCIAL | |
| Telephone Numb | er | 9/23/05 | |
| | | Date | |
| In reply, refer to: | | | |

DSHS 09-963 (06/2003) (229 1 of 2

Case# 004100977 ER