97437

SKAMANIA

STATE OF WASHINGTON
BEFORE THE SECRETARY, DEPARTMENT OF SOCIAL AND HEALTH SERVICES

RELEASE - PARTIAL RELEASE OF LIEN

Notice is hereby given that the Department of Social and Health Services, State of Washington, filed a lien with the County Auditor of _____ Skamania _____ County, Washington, on or about the _____ 6th _____ day of _____ August _____, 19 81, bearing recording number _____ 92879 _____.

Notice is hereby given that this lien is released ☒ in full, ☐ partially. If partially released, this release is effective only as to the following described property:

Gloria Jean Raphael   DOB: 05-14-40

In witness thereof, I _____ Alfred G. Rognlien _____ of the Office of Support Enforcement of the Department of Social and Health Services, State of Washington, have executed this instrument for and on behalf of said Department of Social and Health Services.

Dated at _____ Vancouver _____, Washington, this _____ 13th _____ day of

_____ April _____, 19 84.

Authorized Representative

State of Washington   )
) ss
County of _____ Clark _____)

On this day, the undersigned Notary Public in and for the state of Washington, do hereby certify that _____ Alfred G. Rognlien _____ appeared before me, (s)he being known to me as the individual who executed the above instrument, and acknowledged that (s)he signed the same and that (s)he is authorized to execute this instrument.

In witness whereof I have hereunto set my hand and affixed my official seal on the _____ 13th _____ day of _____ April _____, 19 84.

Notary Public, State of Washington,

Residing at _____ Vancouver _____

Inquiry shall be made to: Ethel Stevens:ah
VANCOUVER OFFICE OF SUPPORT ENFORCEMENT
10401 N. E. 4th Plain Road
P.O. Box 4269 MS S 53-2
Vancouver, WA 98662 696-6391

co nco-pa na
RELEASE OF LIEN   DSHS 9-296   (Rev. 7/80)