BOOK 105 PAGE 240 "A"

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

RELEASE - PARTIAL RELEASE OF LIEN Skamania

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 ___15th___ day of ___February___, 19 80, bearing recording number ___90322___, bearing name of ROBERT JAY SEAMAN SS# ████████.

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:

In witness thereof, I ___JOSEPH YULE PRATHER___ 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 ___18th___ day of ___May___, 19 87.

Joseph Yule Prather
Authorized Representative

State of Washington)
County of ___Clark___)

On this day, the undersigned Notary Public in and for the state of Washington, do hereby certify that ___Joseph Yule Prather___ 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 ___18th___ day of ___May___, 19 87.

Notary Public, in and for the State of Washington. My commission expires on ___October 26___, 19 88.

Inquiry shall be made to:
VANCOUVER OFFICE OF SUPPORT ENFORCEMENT
5411 E. Mill Plain Road
P. O. Box 4269 HS S53-2
Vancouver, Washington 98662
(206)696-6391

In reply, refer to:

D#:_____

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RELEASE OF LIEN

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DSHS 9-296 (Rev. 5/85)

FILED FOR RECORD
SKAMANIA WASH.
BY D.S.HS
May 20 12 44 PM '87
AUDITOR
GARY M. OLSON