BOOK 105 PAGE 242

103193 STATE OF WASHINGTON BOOK NO PARTHER THE SECRETARY, DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Skamania

RELEASE - PARTIAL RELEASE OF LIEN

| on the same filled a light with the LO | unty Auditor of Skamania County, |
|--|--|
| Washington, on or about the 16th | day of July , bearing name of Larry lee Yarnell |
| SS# | |
| partially released, this release is e | is released xx in full, partially. If fective only as to the following described |
| property: | |
| | |
| | |
| | NO SECO |
| In witness thereof, I | Prather of the Office State of |
| . — c | ment for and on behalf of said Department of |
| Dated at Vancouver, Was | hington, this day of |
| May , 19 <u>87</u> , | Somel Wale traffer |
| | Authorized Representative |
| State of Washington | |
| | |
| County of Clark | |
| On this day, the undersigned Notary hereby certify that Joseph Y. Pr | Public in and for the state of Washington, do appeared before me, (s)he |
| | who executed the above instrument, and acknowl- nd that (s)he is authorized to execute this |
| instrument. | |
| In Hors thereof I have hereunto s | et my hand and affixed my official seal on the |
| day of | May 1507 |
| Induiry shall he made to: | July & Murrigard |
| WHICHOUSE INFEICE OF SUPPORT ENFORCEME | NT Notary Public, in and for the State of Waskington, My commission expires on |
| 5417 Fay Mill Plain Raod P. O. Box 4269 MS S53-2 | Washington, My commission expires on 1957. |
| Vancouver, Washington 98662 (206)696-6391 | |
| In reply, refer to: | |
| 0#: | Resistend S |
| co nco-pa na RELEASE OF LIEN | DSHS 9-296 (Rev. 5/85) |
| | The state of the s |