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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, County, Washington, on or about the filed a lien with the County Auditor of Skamania 😚 bearing recording number Twenty-Third, day of March, 1987 bearing name of Wayne E. Sobaski 102877 Notice is hereby given that this lien is released X in full, \_ partially. If partially released, this release is effective only as to the following described property: of the Office of Support Eresce In witness thereof, I William Copeland ment 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. , Washington, this Twenty-Eighth day of June, 1989. Dated at Vancouver State of Washington County of Clark On this day, the undersigned Notary Public in and for the state of Washington, do hereby certify appeared before me, (s)he being known as the individual who executed the above instrument, and acknowledged that (s)he signed the same and that william Copeland 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 Twenty-Eighth day of June, 1989. Inquiry shall be made to: Notary Public in and for the State of Washington. OFFICE OF SUPPORT ENFORCEMENT 111 W.39TH STREET PO Box 4269, MS: S53-2 Vancouver, Wa 98660-0269 In reply, refer to D #: 516375 Registered ndirect ilmed