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 filed a lien with the County Auditor of Skaman Twenty-Fourth day of August, 1990 109923 , bearing name of Brad	bearing recording number
Notice is hereby given that this lien is release this release is effective only as to the following	d X in full, partially. If partially released, ng described property:
In witness thereof, I C. Peters ment of the Department of Social and Health instrument for and on behalf of said Departm	of the Office of Support Enforce- Services, State of Washington, have executed this ent of Social and Health Services.
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Dated at Spokane . Wash	nington, this Sixth day of December, 1990.
	Card Peters
	Authorized Representative
State of Washington	
County of Spokane	
On this day, the undersigned Notary Public in and for the state of Washington, do hereby certify that C. Pèters 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 (s)he is authorized to execute this instrument.	
In witness whereof I have hereunto set my h Sixth day of December, 1990.	nand and affixed my official seal on the
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT West 1600 Boone TAP-C32, MS: B32-9 Spokane, WA 99220	Motary Public in and for the State of Wondford My commission expires on File D FOR RECORD CY 1944
In reply, refer to D #: 760287	BY DSHS
2275'5160 0 1835'03, Uit D 11011111 110111111111111111111111111	DEC 13 11 27 AX '90 P. Lowry GARY : 01 10 N 11735 931256 1011331