## State of Washington Before the Secretary, Department of Social and Health Services

## RELEASE - PARTIAL RELEASE OF LIEN

filed a lien with the County Auditor of Skamania Twenty-First day of September, 1989  107901 , bearing name of David W. Bu	County, Washington, on or about the bearing recording number
Notice is hereby given that this lien is released X in this release is effective only as to the following described	n full,  partially. If partially released, ribed property:
	SK ASH BY ASH
	SEP 10 11 56 M 191 E. Trefarel
In witness thereof, I Vancouver Field Office ment of the Department of Social and Health Services instrument for and on behalf of said Department of S	of the Office of Support Enforce- s, State of Washington, have executed this ocial and Health Services.
	this Fifth day of September, 1991.  Myan  Authorized Representative
State of Washington County of Clark	
On this day, the undersigned Notary Public in and for that . 5.M. PARR appeare individual who executed the above instrument, and acthat (s)he is authorized to execute this instrument.	ed before me, (s)he being known as the
In witness whereof I have hereunto set my hand and Fifth day of September, 1991.	affixed my official seal on the
	Notary Public, in and for the State of Washington. My commission expires on
In reply, refer to D #: 510882	Registered E Indexed, Dir E Indirect E Imed Mailed
DSHS 9-295 (Pay 5-85)	(1580 910905 075204)