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

## RELEASE - PARTIAL RELEASE OF LIEN

Twenty-Second day of Pebruary,	
Notice is hereby given that this lien this release is effective only as to the	is released X in full,  partially. If partially released, e following described property:
	The state of the s
In witness thereof, I E. Austinment of the Department of Social and	of the Office of Support Enforce- d 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 Twentieth day of November, 1991.
	HILLAT
	Authorsed Replacementative
	CALLOLISATIVENISTICS
State of Washington	
County of Clark	
4 4 7	
that E. Austin	Public in and for the state of Washington, do hereby certify appeared before me, (s)he being known as the astrument, and acknowledged that (s)he signed the same and his instrument.
In witness whereof I have hereunto Twentieth day of November, 1991	set my hand and affixed my official seal on the
Inquiry shall be made to:	Kito K. Wisam is
OFFICE OF SUPPORT ENFORCEMENT	Notary Public, in and for the State of Washington.
111 W 39th ST	My commission expires on
P O Box 4269	
Vancouver WA 98662-0269	DSHS 200
In reply, refer to D #: 636418	Registered Registered
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