

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, filed a lien with the County Auditor of Skamania County, Washington, on or about the Thirteenth day of November, 1990 bearing recording number 110404 B121 PG320, bearing name of Michael L. Navolynski

Notice is hereby given that this lien is released ☒ in full, ☐ partially. If partially released, this release is effective only as to the following described property:

In witness thereof, I W. Goodpaster of the Office of Support Enforcement 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.

Dated at Vancouver, Washington, this Ninth day of January, 1992.

W. Goodpaster
Authorized Representative

State of Washington)

County of Clark)

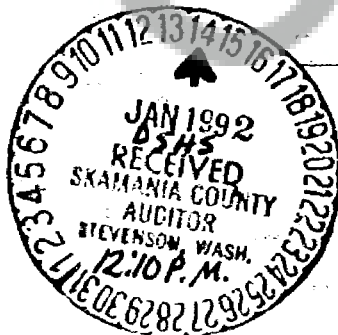
On this day, the undersigned Notary Public in and for the state of Washington, do hereby certify that W. Goodpaster appeared before me, (s)he being known as the individual who executed the above instrument, and acknowledged that (s)he signed the same and that (s)he is authorized to execute this instrument.

In witness whereof I have hereunto set my hand and affixed my official seal on the Ninth day of January, 1992.

Inquiry shall be made to:
OFFICE OF SUPPORT ENFORCEMENT
111 W 39th ST
P O Box 4269
Vancouver WA 98662-0269

Michelle R. Dwyer
Notary Public in and for the State of Washington
My commission expires on 8/10/92

In reply, refer to D #: 414354



Registered _____
Indexed, air _____
Indirect _____
Filed 1/22/92 _____
Mailed _____