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 Twelfth day of March, 1985 bearing recording number , bearing name of Louis D. Neece
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: Compared the partially released, the partially released, this release is effective only as to the following described property: Compared the partially released x in full, partially released, this release is effective only as to the following described property: Compared the partially released x in full, partially released, this release is effective only as to the following described property: Compared the partially released x in full, partially released, this release is effective only as to the following described property: Compared the partially released x in full, partially released, this release is effective only as to the following described property: Compared the partial transfer of the partial t
In witness thereof, I W. Goodpaster CARY H , OLSON 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 Thirtieth day of September, 1992. Washington, this Thirtieth day of September, 1992. Authorized Ribresentive
State of Washington County of Clark County o
On this day, the undersigned Notary Public in and for the state of Washington, do hereby certify that W. Goodpaster appeared hefore 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 officialseal on the Thirtieth day of September, 1992.
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P 0 Box 4269 Available Machington My commission expires on
Vancouver WA 98662-0269 In reply, refer to D #: 212534