BOOK /// PAGE

State of Washington Pefore 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, County, Washington, on or about the filed a lien with the County Auditor of Skamania bearing recording number Twenty-Third day of March, 1987 , bearing name of Wayne E. Sohaski 102877

Notice is herepy given that this lien is released X is full, \square partially. If partially released, this release is effective only as to the following described property:

of the Office of Support Engine ment 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

In witness thereof, I William Copeland

Washington, this Twenty-Eighth day of June, 1989.

State of Washington

County of Clark

On this day, the undersigned Notary Public in and for the state of Washington, do hereby certify appeared before me, (s)he being known as the that William Copeland 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.

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In witness whereof I have hereunto set my hand and afrixed my official seal on the Twenty-Eighth day of June, 1989.

Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W.39TH STREET PO Box 4269, MS: S53-2 Vancouver, Wa 98660-0269

In reply, refer to D #: 516375

Commission expires on

Filmed

0.3HS 5-296 (Rev 5-85)