

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

RELEASE - PARTIAL RELEASE OF LIEN

Notice is hereby given that the Defiled a lien with the County Audito Twenty-Fourth day of February 85859 , bearing na	r of Skamania	County, Washi	ces , State of V ngton, on or al pearing recordi	out the
Notice is hereby given that this lie this release is effective only as to	en is released X the following de	in full, partiall scribed property:	FILE 6	NECORD
In witness thereof, I P. Taff ment of the Department of Social instrument for and on behalf of sa	and Health Servic id Department of	es, State of Washir	Office of Suppo	OUSON rt Enforce-
Dated at Vancouver			- 1	
State of Washington County of Clark	, Washington	Authorized Representative	Tall	1989.
On this day, the undersigned Notar that P. Taff individual who executed the above that (s)he is authorized to execute	appea instrument, and	red before me, (s)h	e being known	as the
In witness whereof I have hereuntd First day of September, 1989.	set my hand an	d affixed my officia	Iseal on the	
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT In reply .efer to D #: 54487	THER TO THE TO T	Manda S. Notary Public, in and for the My commission experience of the Commission o	State of Washington	19 <u>92</u> .
	TATE OF THE			Registered by Indexed, in particular to the second
DSHS 9-296 (Rev 5-85)			(1316 8909	7-8-8 1. 101 152331)