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(0725 900102 104928)

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

RELEASE - PARTIAL RELEASE OF LIEN

Notice is hereby given that the Department filed a lien with the County Auditor of Skam Twenty-Ninth day of February, 1988 B-108 P-608 , bearing name of Ma	bearing recording number
distretease is effective only as to the follow	sed x in full, partially. If partially released, wing described property:
In witness thereof, I P. Stevens ment of the Department of Social and Health instrument for and on behalf of said Department.	of the Office of Support Enforce— n Services, State of Washington, have executed this ment of Social and Health Services.
Dated at Vancouver , Was	chington, this Second day of January, 1990. A.C. Allumy Authorized Representative
State of Washington County of Clark	
On this day, the undersigned Notary Public in that P. Stevens	and for the state of Washington, do hereby certify appeared before me, (s)he being known as the standacknowledged that (s)he signed the same and iment.
In witness whereof I have hereunto set my h Second day of January, 1990.	and and affixed my official seal on the
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver, WA 98662-0269	Notary Public, in and for the State of Washington. My commission expires on
In reply, refer to D #: 586069	- Jely 4 , 19 9/.
Registered Indixed Ur Indixed	