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

## RELEASE - PARTIAL RELEASE OF LIEN

Notice is hereby given that the Departmiled a lien with the County Auditor of Thirtieth day of November, 1988 106255BOOK112PG65 , bearing name o	f James C. Boyer	ring recording number
Notice is hereby given that this lien is this release is effective only as to the	released <b>x</b> in full, <b>bartially</b> , following described property:	If partially released,
In witness thereof, I A. Yong ment of the Department of Social and instrument for and on behalf of said D	Health Services State of Washing	ice of Support Enforce— ton, have executed this rvices.
Dated at Vancouver	, Washington, this Twenty-Ninth	day of May, 1990.
		12 11
	and the contraction of the contr	Como J
	Authorized Representative	
State of Washington		
County of Clark		
On this day, the undersigned Notary F that A. Yong individual who executed the above ins that (s)he is authorized to execute thi	strument, and acknowledged that ( s instrument.	s)he signed the same and
in witness whereof I have hereunto so Twenty-Ninth day of May, 1990.		
	Juga of 6	R. grelan
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT	Notary Hobits, in and for the S	state of Washington
111 W 39th ST	My commission ex	
P O Box 4269 Vancouver, WA 98662-0269	MINIOROAV &	-10 , 19 93.
In reply, refer to D # 544056	2 5 / 5 3 7	Acciet and
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OSHS 3-296 (Rev 5-85)		