Skamania

BOOK 120 PAGE 446

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 Soc filed a lien with the County Auditor of Skamania Twenty-Third day of August, 1990 UNKNOWN , bearing name of Robert E	County, Washington, on or about the bearing recording number
Notice is hereby given that this lien is released $\overline{\mathbf{x}}$ this release is effective only as to the following de	] in full, [] partially. If partially released, escribed property: FILED FOR RECORD SKANA IN CONTROL WASH BYDSHS
	Aug 31 11 25 AM °90
In witness thereof, I W. Goodpaster ment of the Department of Social and Health Servi instrument for and on behalf of said Department of	GARY In. OLSON of the Office of Support Enforce- ces, State of Washington, have executed this Social and Health Services.
Dated at Vancouver , Washington	n, this Twenty-Ninth day of August, 1990.
	Authorized Reprospentative
State of Washington	
orace of mashington	
County of Clark	
On this day, the undersigned Notary Public in and f that <b>W.</b> Goodpaster appea individual who executed the above instrument, and that (s)he is authorized to execute this instrument.	ared before me. (s)he being known as the
In witness whereof I have hereunto set my hand an Twenty-Ninth day of August, 1990.	d affixed my official seal on the
Inquiry shall be made to:  OFFICE OF SUPPORT ENFORCEMENT  111 W 39th ST	Notary Public In and for the State of Washington.  My commission expires on
P O Box 4269	
Vancouver, WA 98662-0269	B-0, 19 <u>23</u> .
n reply, refer to D #: 640014	Registered /
	Indexed, Dir
	Filmed 9-1-90
SHS 9-296 (Rev 5,85)	Mailed (1980:900829:093651)