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

RELEASE - PARTIAL RELEASE OF LIEN

Second day of November, 1989	partment of Social and Health Services, State of Washington, or of Skamania County, Washington, on or about the bearing recording number me of Michael P. Brandt, 151-50-8419
Notice is hereby given that this lie this *elease is effective only as to	n is released 🗷 in full, 🗌 partially. If partially released, the following described property:
In witness thereof, I J. Burkhead ment of the Department of Social instrument for and on behalf of sai	of the Office of Support Enforce— and Health Services, State of Washington, have executed this id Department of Social and Health Services.
Dated at Vancouver	, Washington, this Twenty-Fourth day of December, 199
	Authorized fairfeartailve
State of Washington	
County of Clark	
SHOWS UP AFALAMING A	y Public in and for the state of Washington, do hereby certify appeared before me, (s)he being known as the instrument, and acknowledged that (s)he signed the same and this instrument.
In witness whereof I have hereunto Twenty-Fourth day of December,	set my hand and affixed my official seal on the
Inquiry half be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Wancouver, WA 98662-0269	Notary Public, in and for the State of Westing My commission expires on the State of Westing My Commission expires
Ę	11 40 M '90 Parishma S Avion 1 Address Indirect Filtried 1491
DSHS 9-298 (B _{RV} 5,85)	(17-7 90) 224 104923)
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