## State of Washington Before the Secretary, Dএpartment of Social ৰুগুd Health Services

## RELEASE - PARTIAL RELEASE OF LIEN

Seventh day of December, 1990	of Jeffery M. Ober
this release is effective only as to the	released x in full, partially. If partially released, following described property:
	DSHS
J	in 24 1 50 Fil "91 D. Lowry
In witness thereof, I R. Myers ment of the Department of Social an instrument for and on behalf of said	OART of the Office of Support Enforce— d Health Services, State of Washington, have executed this Department of Social and Health Services.
Dated at Vancouver	, Washington this Twenty-Second day of January, 1991.
State of Washington	
County of Clark	)  2.415 is and for the state of Washington, do hereby certify
that R. Myers individual who executed the above that (s)he is authorized to execute	Public in and for the state of Washington, do hereby certify appeared before me, (s)he being known as the instrument, and acknow, edged that (s)he signed the same and this instrument.
In witness whereof I have hereunto Twenty-Second day of January,	set my hand and affixed my official seal on the 1991.  Ougnid R. Adam
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT	Notary Public, in and for the State of Westington My commission expires on
111 W 39th ST P O Box 4269 Vancouver, WA 98662-0269	8-10, 1993.
In reply, refer to D #: 773627	Registere Indexed. Indirect
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