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

RELEASE - PARTIAL RELEASE OF LIEN

Notice is hereby given that the Department of filed a lien with the County Auditor of Skaman Third day of August, 1990 109804 , bearing name of Philipperson	bearing recording number
Notice is hereby given that this lien is release this release is effective only as to the following	d $\overline{\mathbf{x}}$ in full, \square partially. If partially released, ng described property:
Jun 20	SHS Indexed our Indirect Filmed 8/2 Mailed
In witness thereof, I P. Stevens	of the Office of Support Enforce- Services, State of Washington, have executed this
Dated at Vancouver , Washi	ngton, this Twenty-Fourth day of July, 1991. Authorized Representative
State of Washington	
County of Clark	
that P. Stevens	and for the state of Washington, do hereby certify appeared before me, (s)he being known as the and acknowledged that (s)he signed the same and nent.
In witness whereof I have hereunto set my har Twenty-Fourth day of July, 1991.	nd and affixed my official seal on the
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT III 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 #: 634974	7113