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

## RELEASE - PARTIAL RELEASE OF LIEN

Notice is hereby given that the Department filed a lien with the County Auditor of Sk. Twenty-Fifth day of June, 1990 109514/RK119/PG506, bearing name of I	nt of Social and Health Services, State of V/ashington, amania County, Washington, or or about the bearing recording number David M. Duron 560-78-6211
this release is effective only as to the foll	Aug 1 4 05 11 91 Indirect Filmed Mailed
In witness thereof I Lee Ann Boyce ment of the Department of Social and Hea instrument for and on behalf of said Depa	GARANA Services. State of Washington, have executed this rtment of Social and Health Ser 'ces.
Dated at Vancouver , W	ashington, this Second day of August, 1991.  August, 1991.  Authorized Rapresentative
State of Washington  County of Clark	
that Lee Ann Boyce	in and for the state of Washington, do hereby certify appeared before me, (s)he being known as the sent, and acknowledged that (s)he signed the same and trument.
In witness whereof I have hereunto set my Second day of August, 1991.	hand and affixed my official seal on the
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver, WA 98662-0269 In reply, refer to D #: 694303	Notary Public, in End for the State of Washington: My commission expires on
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(0312 910802 170303)

DSHS 3-295 (Rev 5/85)