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

RELEASE - PARTIAL RELEASE OF LIEN

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Notice is hereby given that the Departmen	nt of Social and Health Services, State of Washington, amania County, Washington, on or about the
Twenty-Eighth day of December, 1992	bearing recording number
this release is effective only as to the foll	eased x in full, partially. If partially released, owing described property:
JAN 5	A*. 1 1 1
In witness thereof, I.M. Moen CAR ment of the Department of Social and Heatinstrument for and on behalf of said Department	inh Services, State of Washington, have executed this
Dated at Vancouver , W	ashington, this Twenty-Ninth day of December, 1992
	1 aug Voen
	Authorized Représentative
State of Washington	
County of Clark	

On this day, the undersigned Notary Public in and for the state of Washington, do hereby certify that M. Moen appeared before me, (s)he being known as the individual who executed the above instrument, and acknowledged that (s)he signed the same and that (s)he is authorized to execute this instrument.

In witness whereof I have hereunto set my hand and affixed my official seal of Twenty-Ninth day of December, 1992.

Inquiry shall be made to: OFFICE OF S PORT ENFORCEMENT 111 W 39th ST P O Box 4269 Vancouver WA 98662-0269

In reply, refer to D #: 257592

My commission expires on

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