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

## RELEASE - PARTIAL RELEASE OF LIEN

119411	BOOK /34 PAGE 398
Seventeenth day of January, 199	tment of Social and Health Services, State of Washington,
In witness thereof, I R. Opoka	APR 2 1 57 PM '93  APR 2 1 57 PM '93  CAPY Maled
instrument for and on behalf of said	d Health Services, State of Washington, have executed this Department of Social and Health Services.
Dated at Vancouver	, Washington, this Thirty-First day of March, 1993.
State of Washington County of Clark	Authorized Representative
	Public in and for the state of Washington, do hereby certify appeared before me, (s)he being known as the strument, and acknowledged that (s)he signed the same and s instrument.
In witness whereof I have hereunto se Thirty-First day of March, 1993.	et my 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	Notary Public. In and for the State of Washington. My commission expires on
Vancouver WA 98662-0269 In reply, refer to D #: 466553	March 30, 19 96.

DSHS 9-298 (Rev.5/85)

(2374:930331:132259) 466553