Skamania

STATE OF WASHINGTON BEFORE THE SECRETARY, DEPARTMENT OF SOCIAL AND HEALTH SERVICES

RELEASE - PARTIAL RELEASE OF LIEN

Notice is hereby given that this lien is released in full, partially. If partially released, this release is effective only as to the following described property: Robert Ivar Nordquist, SS# 539-44-1546 In witness thereof, I	Notice is hereby given that the Department of Social and Health Services, State of Washington, filed a lien with the County Auditor of <u>Skamania</u> County, Washington, on or about the <u>25th</u> day of <u>October</u> , 19 <u>82</u> , bearing recording number <u>94925</u> .
In witness thereof, I	partially released, this release is effective only as to the following described
of Support Enforcement of the Department of Social and Health S.rvices, State of Washington, have executed this instrument for and on behalf of said Department of Social and Health Services. Dated at vancouver, Washington, this 13th day of March , 19 84. Authorized Representative State of Washington	18.05.05.05.05.05.05.05.05.05.05.05.05.05.
Authorized Representative State of Washington County of CTARK On this day, the unversigned Notary Public in and for the state of Washington, do hereby certify that Alfred G. Rognlien appeared before me, (s)he being known to me 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 sead on the lath day of March 1984. Residing at Vancouver	of Support Enforement of the Department of Social and Health Sirvices, State of Washington, have executed this instrument for and on behalf of said Department of
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13th day of March , 19 84. **Motary Public, State of Washington's Residing at	On this day, the undersigned Notary Public in and for the state of Washington, do hereby certify that Alfred G. Rognlien appeared before me, (s)he being known to me 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
Residing at <u>Vancouver</u>	
. 그렇게 그 이 사람이 일어 먹는데 보고 하는데 되는데 그 모든데 그리고 있다면 하는데 하다 말했다. 그	진 등은 이 나를 보면 하고 있다. 그는 그는 그는 그는 그는 그를 보면 하는데 그는 그를 보고 있다. 그는 그를 보는다.
- 어느 얼마 바다요 시문에 문화 문화 문화 시원 전투 전문 전 시간 이 어느	Inquiry shall be made to: Gloria Quatier:jmk

Inquiry shall be made to: Gloria Quatier:jmk VANCOUVER OFFICE OF SUPPORT ENFORCEMENT 10401 N. E. 4th Plain Road P.O. Box 4269 MS S 53-2 Vancouver, WA 98662 696-6391

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