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

RELEASE - PARTIAL RELEASE OF LIEN

116333

BOOK /35 PAGE 595

			OR 100 PAGE 0
Notice is hereby given that the filed a lien with the County Aud Sixth day of November, 1989 108196 , bearing	Department of Social ditor of Skamania name of Bruce E. L	County, wasningto	, State of Washington, in, on or about the ing recording number
Notice is hereby given that this this release is effective only as	lion is released [7]		f partially released,
BOOK 116 PAGE 611.	FICED FOR RECOI	D.C.	
In witness thereof, I.T. Williament of the Department of Socionstrument for and on behalf of	al abolition for Care	of the Office	e of Support Enforce-
instrument for and on behalf of	said Department of S	ocial and Health Servi	Ces.
Dated at Vancouver	, Washington,	this Twenty-Seventh	
		7) 2/2) / 1993.
State of Washington	CX	Authorized Representative	a como
County of Clark	_ 7		
On this day, the undersigned No that T. Williams individual who executed the about that (s)he is authorized to execute	ve instrument and	() the state of Washingt d before me, (s)he be knowledged that (s)he	on, do hereby certify ing known as the signed the same and
In witness whereof I have hereur Twenty-Seventh day of May, 1	ito set my hand and a	affixed my officialseal	on the
Inquiry shall be made to: OFFICE OF SUPPORT ENFORCEMENT 111 W 39th ST P O Box 4269	F No.	Direct L. Diany Public, in and for the State of ly commission expires	Mashington Son
Vancouver WA 98662-0269 In reply, refer to D #: 440540	ST STONE FOR	Jan. 3	, 19 _ <u>9</u> 7
	PUBLICA	Register 0	
	COF WASHING	radexed, Dir 1	£
DSHS 9-296 (Rev 5 85) 3-8	-17-4-5000	Filmed Maled	(†813 930527 110414) 440540
Oktober 1988 in the State of the	-	·	