PARTIAL RELEASE

The Board of County Commissioners of Ada County and/or the Catastrophic Health Care Costs Program does hereby release and remise the Medical Indigent Lien recorded as Instrument No._____ against _____only as to the real property located at _____, _____, Idaho also known as parcel #_____, which is further described as *(insert legal description)*, in the office of the Ada County Recorder.

DATED this ___ day of _____, 2013.

Board of Ada County Commissioners

By:_____
Chairman

STATE OF IDAHO)
) ss.
County of Ada)

On this ___ day of _____, 2013, before me, a Notary Public, personally appeared the Chairman of the Board of Ada County Commissioners, known or identified to me to be the person whose name is subscribed to the within instrument, and acknowleged to me that he executed the same on behalf of the Board.

_____
Notary Public for Idaho
Commission expires _____

(Application # _____)