Doc # 2004153445

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Date: 06/22/2004 12:52P

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of SKAMANIA COUNTY
J. MICHAEL GARVISON
AUDITOR
Fee: \$0.00

DIVISION OF CHILD SUPPORT

PO BOX 11520 TACOMA WA 98411-5520



## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

## **RELEASE - PARTIAL RELEASE OF LIEN**

Recording number:	124090		- 4. V	,	
Volume number:	000154				
Page number:	00000423	-X:	7/ /		1
Grantor or Creditor:	: The Departmen	t of Social an	d Health Services.	-	
Grantee or Debtor: doing business as:	SSN L	<u> </u>	OB <u>07/31/68</u>	, also	known as or
The Division of Chil County Auditor on			identified above wit Freleases:	h the Skama	nia
The lien identifi Only the portio		ntified above	that applies to the fo	ollowing prop	erty.
June 17, 2004			D. Mceldery		
Date	<del></del>		Authorized Representative DIVISION OF CHILD SUPPORT		
		(360) 696-6100			
In reply, refer to:			Telephone Number		
Case #: 10	051573	627574	687422	859751	
					(EC DEL-02/2000)

RELEASE - PARTIAL RELEASE OF LIEN DSHS 09-296 (REV. 03/1997) (FG REL:02/2000) (3393:040617:232518) 1051573/3393