AFN #2010175975 Recorded 07/19/10 at 08:18 AM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. Todd Skamania County,

> 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

	INCLUMENT - I	ATTIME ITELEAGE OF	Age of Deep 1 W
Recording number:	129887		
Volume number:	000171		4
Page number:	00000315	<u> </u>	
Grantor or Creditor:	The Department of	Social and Health Services.	
Grantee or Debtor:	TIMOTHY DEAN VI	RES	, also known as or
doing business as:	$\overline{}$	/ d	
له نه	SSN XXX-XX-185	, DOB <u>10/01/196</u>	<u>. </u>
The Division of Child Support (DCS) filed the lien identified above with the SKAMANIA			
County Auditor on D	ecember 02, 199	7 . DCS releases:	
The lien identifie	d above in full.		
Only the portion of the lien identified above that applies to the following property.			
	-		
		. /	
July 13, 2010		J PENA	
Date		Authorized Representative DIVISION OF CHILD SUPPORT	
(800) 441-0859			
Telephone Number			
In reply, refer to:		000085479	400289910600000000312506
Case #: 854794 10	41605 1296226	•	

RELEASE - PARTIAL RELEASE OF LIEN DSHS 09-296 (REV. 03/1997)

FG VER: (1.4) 4526:07132010/ 854794 / 4526