AFN #2010176046 Recorded 07/27/10 at 12:12 PM 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 - DARTIAL RELEASE OF LIEN

RELEASE - PARTIAL RELEASE OF LIEN				
Recording number:	2005159629	Z.,	/ ~	
Volume number:	000001			4
Page number:	00000001		. ~	
Grantor or Creditor:	The Department of Socia	and Heal	th Services.	
Grantee or Debtor: doing business as:	JASON JESSE FOWLER		4	, also known as or ,
- 4	SSN <u>XXX-XX-6816</u>	_ , DOB	03/30/197	<u>. </u>
	Support (DCS) filed the li			the SKAMANIA
X The lien identifie	d above in full.		\]	
Only the portion	of the lien identified above	e that appl	ies to the follo	wing property.
July 23, 2010	A 11.	d ad Danses		
Date		rized Repres ION OF CHII	LD SUPPORT	
(800) 526-8658				
Telephone Number		•		

In reply, refer to: Case #: 1469609

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



FG VER: (1.4) 2632:07232010/ 1469609 / 0