AFN #2011178133 Recorded 04/26/2011 at 01:12 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy 0. Todd Skamania County, WA

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)

| P SP C P S OF FFORMS DOLLEGO                 |                                                                                             |
|----------------------------------------------|---------------------------------------------------------------------------------------------|
| DCS Division of Child Support                | RELEASE - PARTIAL RELEASE OF LIEN                                                           |
| Recording number:                            | 2007165865                                                                                  |
| Volume number:                               | 000000                                                                                      |
| Page number:                                 | 0000000                                                                                     |
| Grantor or Creditor:                         | The Department of Social and Health Services.                                               |
| Grantee or Debtor:                           | SCOTT R NIELSON SR , also known as or                                                       |
| doing business as:                           |                                                                                             |
|                                              | SSN XXX-XX-2688 , DOB 06/18/1970 .                                                          |
| The Division of Child<br>County Auditor on A | Support (DCS) filed the lien identified above with the SKAMANIA pril 27, 2007 DCS releases: |
| The lien identifie                           | d above in fuli.                                                                            |
| ☐ Only the portion                           | of the lien identified above that applies to the following property.                        |
|                                              |                                                                                             |
| April 21, 2011                               | A SEHL                                                                                      |
| Date                                         | Authorized Representative DIVISION OF CHILD SUPPORT                                         |
| (800) 345-9984                               |                                                                                             |
| Telephone Number                             |                                                                                             |
| In reply, refer to:                          | 00019614960053072540000000112506                                                            |

Case #. 1961496

RELEASE - PARTIAL RELEASE OF LIEN DSHS 09-296 (REV. 03/1997) FG VER: (1.4) 4401:04212011/ 1961496 / 4401