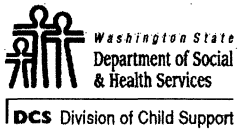


DIVISION OF CHILD SUPPORT
PO Box 11520
Tacoma WA 98411-5520



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

RELEASE - PARTIAL RELEASE OF LIEN

Recording number: _____
Volume number: 000000 _____
Page number: 00000000 _____

Grantor or Creditor: The Department of Social and Health Services.

Grantee or Debtor: THOMAS BLANE FOREMAN _____, also known as or
doing business as: _____,
SSN XXX-XX-7022 _____, DOB 01/28/1951 _____.

The Division of Child Support (DCS) filed the lien identified above with the SKAMANIA
County Auditor on _____. DCS releases:

- ☒ The lien identified above in full.
☐ Only the portion of the lien identified above that applies to the following property.

February 07, 2012 _____
Date
(800) 345-9984 _____
Telephone Number

Authorized Representative
DIVISION OF CHILD SUPPORT



In reply, refer to:
Case #: 853397

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

FG VER: (1.4)
4737:02072012/
853397 / 0