AFN #2014000174 Recorded 01/30/2014 at 02:40 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 Auditor Timothy O. 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)

The Division of Office Support	Release - Partial Release of Lien
Recording number:	2013000373
Volume number:	000000
Page number:	0000000
Grantor or Creditor:	The Department of Social and Health Services.
Grantee or Debtor: doing business as:	JOSHUA CALAB SAMS , also known as or ,
	SSN: <u>xxx-xx-8795</u> , DOB: <u>09/15/1982</u> , FEIN:
County Auditor on <u>F</u> The lien identifie  Only the portion	of the lien identified above that applies to the following property.
January 24, 201 DATE	4 S HUGGINS  AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(800) 345-9976 TELEPHONE NUMBER In reply, refer to case 2347253	e numbers:

RELEASE - PARTIAL RELEASE OF LIEN DSHS 09-296 (REV. 02/2013)

FG VER: (1.6) 44:01242014/ 2347253 / 44