AFN #2014000493 Recorded 03/24/2014 at 04:53 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

艦	Washington State Department of Social & Health Services

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

TIPES Division of Child Support	Release - Partial Release of Lien
Recording number:	2011179637
Volume number:	000000
Page number:	00000000
Grantor or Creditor:	The Department of Social and Health Services.
Grantee or Debtor: doing business as:	BENJAMIN ALEXANDER LEARY , also known as or
	SSN: <u>xxx-xx-0183</u> , DOB: <u>07/05/1980</u> , FEIN:
The Division of Child County Auditor on D	Support (DCS) filed the lien identified above with the SKAMANIA December 12, 2011 . DCS releases:
The lien identifie	/ / / /
☐ Only the portion	of the lien identified above that applies to the following property.
March 19, 2014	K KOONTZ
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(800) 345-9976	
TELEPHONE NUMBER	
In reply, refer to case 2327784	enumbers:

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

FG VER: (1.6) 55:03192014/ 2327784 / 55