AFN #2014000637 Recorded 04/22/2014 at 12:45 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)

Division of Child Support	Release - Partial Release of Lien
Recording number:	2006161391
Volume number:	000000
Page number:	0000000
Grantor or Creditor:	The Department of Social and Health Services.
Grantee or Debtor: doing business as:	STACIE CAMPBELL , also known as or ,
	SSN: <u>xxx-xx-7169</u> , DOB: <u>03/14/1985</u> , FEIN:
	Support (DCS) filed the lien identified above with the SKAMANIA ay 01, 2006. DCS releases:
X The lien identifie	d above in full.
☐ Only the portion	of the lien identified above that applies to the following property.
April 12, 2014 DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(800) 345-9984 TELEPHONE NUMBER In reply, refer to case 1911313	e numbers:

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

FG VER: (1.6) 1747:04122014/ 1911313 / 0