AFN #2016000268 Recorded Feb 08, 2016 02:43 PM DocType: CHILD Filed by: DEPT OF SOCIAL & HEALTH SERVICES Page: 1 of 1 File Fee: \$0.00 Auditor Robert J. Waymire 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)

Release - Partial Release of Lien

| | i/eiea: | 56 - Faitiai Nelease Of Litell |
|---------------------------------------|--------------------|--|
| Recording number: | 2015000225 | |
| Volume number: | 000000 | |
| Page number: | 00000000 | |
| Grantor or Creditor: | The Departmen | nt of Social and Health Services. |
| Grantee or Debtor: doing business as: | EMILY SUE R | , also known as or , |
| - 4 | SSN: XXX-XX- | -8779 , DOB: <u>11/12/1993</u> , FEIN: |
| | |) filed the lien identified above with the SKAMANIA 2015 . DCS releases: |
| The lien identifie | d above in full. | |
| Only the portion | of the lien identi | ified above that applies to the following property. |
| February 03, 20 | 16 | V HENRY |
| DATE | | AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT |
| (800) 345-9982 | | |
| TELEPHONE NUMBER | | |
| In reply, refer to case numbers: | | NEW 00025246570033184280000000022506 |
| 2524657 | | |

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

FG VER: (1.6) 4394:02032016/ 2524657 / 4394