AFN #2017000252 Recorded Feb 06, 2017 01:17 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

	Nelease - Partial Nelease Of Lieff
Recording number:	143836
Volume number:	000220
Page number:	00000888
Grantor or Creditor:	The Department of Social and Health Services.
Grantee or Debtor: doing business as:	COLBY T JOEL LEAL , also known as or
	COLBY LEAL
- 4 4	SSN: <u>xxx-xx-9622</u> , DOB: <u>1/15/1983</u> , FEIN:
	Support (DCS) filed the lien identified above with the SKAMANIA
The lien identifie	rebruary 22, 2002 . DCS releases: ed above in full.
Only the portion	of the lien identified above that applies to the following property.
January 30, 201	7 M WHITE
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(800) 345-9984	
TELEPHONE NUMBER	
In reply refer to cas	e numbers: 00015994310047003190000000442506 www.

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

1599431 1634386

FG VER: (1.6) 1579:01302017/ 1599431 / 1579