AFN #2017000739 Recorded Apr 11, 2017 11:32 AM 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

		46.7				
Recording number:	2015000332		X.	/ ~		
Volume number:	000000	W	7	-		- 4
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Grantor or Creditor:	The Department	of Soc	ial and Hea	Ith Services	s.	
Grantee or Debtor: doing business as:	CORRIN S CAI	N			, also l	known as or
- 4. 4	SSN: xxx-xx-2	272	, DOB: <u>1/</u>	19/1994	, FEIN: _	1 4
The Division of Child County Auditor on M			e lien identif DCS rel		with the <u>SK</u>	AMANIA
The lien identifie	d above in full.	F			"	
Only the portion	of the lien identif	ed abo	ve that app	lies to the f	ollowing pr	operty.
	,	\)		
April 07, 2017		<u>P 1</u>	MOONEY			
DATE			THORIZED RE ISION OF CHI			
(800) 441-0859						
TELEPHONE NUMBER						
In reply, refer to case	e numbers:			HIII 0002	5244180033694	7300000000012506
2524418						

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

FG VER: (1.6) 3185:04072017/ 2524418 / 3185