AFN #2018001202 Recorded Jun 11, 2018 12:36 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 - I allial Nelease of Lieff | | | |
|---|------------------------|---|--|
| Recording number: | 138405 | | |
| Volume number: | 000000 | K / / / | |
| Page number: | 00000000 | | |
| Grantor or Creditor: | The Department of | Social and Health Services. | |
| Grantee or Debtor: | JAMES MARTIN FO | OWLER, also known as or | |
| doing business as: | | | |
| | | | |
| - B - B | SSN: <u>xxx-xx-139</u> | 94_ , DOB: <u>3/17/1945, FEIN:</u> | |
| The Division of Child Support (DCS) filed the lien identified above with the SKAMANIA | | | |
| County Auditor on June 19, 2000 . DCS releases: | | | |
| The lien identified above in full. | | | |
| Only the portion of the lien identified above that applies to the following property. | | | |
| | i | | |
| | | | |
| June 06, 2018 | | n swillie | |
| DATE | | AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT | |
| (800) 345-9976 | | 4/ 1 1 1 1 4 1 1 2 W | |
| TELEPHONE NUMBER | - | | |
| In reply, refer to cas | e numbers: | 0009784280028499370000000402506 | |

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

978428 338777

FG VER: (1.6) 1240:06062018/ 978428 / 1240