Skamania County, WA Total:\$0.00 CHILD

2021-001186

04/06/2021 08:00 AM

Request of: WASHINGTON STATE DEPARTMENT OF I

00008079202100011860010010

DIVISION OF CHILD SUPPORT PO BOX 11520 TACOMA WA 98411-5520

Washington State Department of Social & Health Services
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## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)

DCS Division of Child Support	Release - Partial Release of Lien
Recording number:	2015000137
Volume number:	00000
Page number:	0000000
Grantor or Creditor:	The Department of Social and Health Services.
Grantee or Debtor: doing business as:	SHALISSE RAE KASPER , also known as or SHALISSE RENEE KASPER , SHALISSE R CASE , SSN: XXX-XX-6225 , DOB: 4/23/1989 , FEIN:
	Support (DCS) filed the lien identified above with the SKAMANIA anuary 27, 2015 . 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 01, 2021	B AASEN
DATE	AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORT
(800) 345-9976 TELEPHONE NUMBER	
In reply, refer to case	numpers:

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

2542085

FG VER: (1.6) 1412:04012021/ 2542085 / 1412