

Skamania County, WA

Total:\$0.00

CHILD

Pgs=1

2026-000121

01/29/2026 08:42 AM

Request of: WASHINGTON STATE DEPARTMENT OF H

00023274202600001210010015

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

Recording number: 2025-001730

Volume number: 000000

Page number: 00000000

Grantor or Creditor: The Department of Social and Health Services.

Grantee or Debtor: MICHAEL S CAMPBELL, also known as or
doing business as: _____

SSN: XXX-XX-2788, DOB: 1/4/1978, FEIN: _____

The Division of Child Support (DCS) filed the lien identified above with the SKAMANIA
County Auditor on November 03, 2025. DCS releases:

The lien identified above in full.
 Only the portion of the lien identified above that applies to the following property.

January 22, 2026

DATE

(800) 729-7580

TELEPHONE NUMBER

In reply, refer to case numbers:
3014875

S KINGSBERRY

AUTHORIZED REPRESENTATIVE
DIVISION OF CHILD SUPPORT



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FG VER: (1.6)

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