## \* 1 5 9 5 3 4 7 1 \*

## DOCUMENT NO.

Dated 20th day of April, 2012

SATISFACTION OF LIEN	1595347 LACROSSE COUNTY
The undersigned certifies that the following is fully paid and satisfied:	REGISTER OF DEEDS CHERYL A. HCBRIDE
	DECORDED ON
Lien executed against Jerold M Ming	RECORDED ON 04/23/2012 10:39AH
by the WI Dept of Safety and Professional Services and recorded in the office of	_
the Register of Deeds of Lacrosse County, Wisconsin, as Document No	EXEMPT #: Pages: 1
1543515 , in n/a (Volume/Page/Etc.)	PHOES. I
(Volume/Page/Etc.)	
covering the real estate described below	Recording Area
A 20 foot wide permanent easement located in part of the SE ¼ of the SE ¼ of Section 33, Town 17N, Range 6 East, Village of West Salem, the centerline being 10 feet east of and adjacent to the following described reference line  Commencing at the southeast corner of Section 33 thence west 309 feet along the south line of Section 3; thence north 94 feet parallel with the east line f the SE ¼ of the SE ¼ of Section 3 to the north right of way line of U.S. Highway 16; thence continuing north parallel with said east line 166 feet; thence west 150 feet to the northwest corner of Mings' property and the point of beginning of said reference line; thence south 60 feet parallel with said east line and said easement reference line there terminating	
east line and said easement reference line there terminating	Department of Safety and Professional Services PECFA Bureau-Attn: Tanya Herranz PO Box 7838 Madison WI 53707-7838
OF WISCO	t.
STATE OF WISCONSIN	
County of DANE	WI Department of Safety and Professional Services
This instrument was acknowledged before me	NAME OF LENGER By Janya Herranz
on this 20 <sup>th</sup> day of April, 2012	Title PECFA Program Specialist
by Tanya D. Herranz (Name of person(s))	* Tanya D. Herranz
as PECFA Program Specialist (Type of authority, e.g., officer, trustee, etc. if any)	Attest
of WI Department of Safety and Professional Services (Name of party on behalf of whom instrument was executed)	Title*
Christine A. Severson	
	This instrument was drafted & approved by:
Christene A Seilerson Notary Public, Wisconsin	Dept of Safety and Professional Services P.O. Box 7970 Madison, WI 53707-7970
My Commission expires October 12 <sup>th</sup> , 2014	(TYPE OR PRINT)
	*Type or print name signed above.