

DOCUMENT NO.



2013R06515

SATISFACTION OF LIEN

The undersigned certifies that the following is fully paid and satisfied:

Lien executed against Doris J. Anderson

by the WI Dept of Safety and Professional Services and recorded in the office of the Register of Deeds of County, Wisconsin, as Document No 2006R01720, in n/a pg n/a (Volume/Page/Etc.)

SUSAN E. GINTER
WOOD COUNTY
REGISTER OF DEEDS
RECORDED ON
06/28/2013 11:08AM
REC FEE: 30.00
EXEMPT #: N/A
PAGES: 1

covering the real estate described below

Recording Area

A part of the Southeast Quarter of the Southeast Quarter (SE 1/4 of SE 1/4) of Section Twelve (12), Township Twenty-one (21) North, Range Five (5) East, more particularly described as follows: to-wit: Commencing at the Southeast corner of said quarter-quarter section, run thence North along the East boundary of said quarter-quarter section a distance of 234 feet; thence West parallel to the South boundary of said quarter-quarter section a distance of 340 feet; thence South parallel to the East boundary of said quarter-quarter section a distance of 234 feet; thence East along the South boundary of said quarter-quarter section a distance of 340 feet to the place of beginning, EXCEPTING therefrom all that part of said premises heretofore conveyed or used for highway purposes, and EXCEPTING any other easements of record.

Department of Safety and Professional Services
PECFA Bureau-Attn: David Swimm
PO Box 8044
Madison, WI 53708-8044
3000 P State of WI SW
Tax Parcel # 18-00742C

If checked here, real estate description continues or appears on attached sheet.

STATE OF WISCONSIN

County of DANE

This instrument was acknowledged before me

on May 22, 2013,

by David Swimm
(Name of person(s))

as PECFA Financial Coordinator
(Type of authority, e.g., officer, trustee, etc. if any)

of WI Department of Safety and Professional Services
(Name of party on behalf of whom instrument was executed)

Christine A. Severson

Christine A. Severson
Notary Public, Wisconsin
My Commission expires on October 12th, 2014.

Dated 22 day of May, 2013

WI Department of Safety and Professional Services

NAME OF LENDER

WI Department of Safety & Professional Svcs.
By *David Swimm*

Title PECFA Financial Coordinator

* David Swimm

Attest _____

Title _____

* _____

This instrument was drafted & approved by:

Dept of Safety and Professional Services
P.O. Box 7970
Madison, WI 53707-7970

(TYPE OR PRINT)

*Type or print name signed above.

