

DOCUMENT NO.



DOC # 1652122

SATISFACTION OF LIEN

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

Lien executed against Christine Oleinik

*Michael J. Sydow*

*Dean J. Stratz*

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

1609320, in n/a pg n/a  
(Volume/Page/Etc.)

covering the real estate described below

Recording Area

Part of the Southwest 1/4 of the Southeast 1/4 and part of the Northwest 1/4 of the Southeast 1/4 of Section 35, Township 29 North, Range 3 East, Town of Johnson, Marathon County, Wisconsin, described as follows: Commencing at the South 1/4 Corner of said Section 35; thence N0°27'50"E, 49.98 feet to the point of beginning; thence N0°27'50"E, 2555.49 feet; thence N89°26'36"E, 1317.46 feet; thence S0°35'20"W, 2567.27 feet; thence S89°57'11"W, 1311.69 feet to the point of beginning.

Department of Safety and Professional Services  
PECFA Bureau-Attn: David Swimm  
PO Box 8044  
Madison WI 53708-8044

*Ch 30.00 - Joe Eew*  
Tax Parcel # 046-2903-354-0991 ✓

Subject to easements and roadways of record.

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

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.

*Christine A. Severson*  
Notary Public, Wisconsin  
My Commission expires on October 12<sup>th</sup>, 2014.

Dated 22 day of May, 2013

WI Department of Safety and Professional Services

NAME OF LENDER

