Document Number

Satisfaction of Lien

§ 292.64(3)

DOC# 607443

Recorded June 29, 2015 10:50 AM M

The undersigned certifies that the following lien in the amount of \$9,500.00 has been fully paid and satisfied: Lien executed against Leroy Pederson by the WI Department of Safety and Professional Services and recorded in the office of the Register of Deeds of Clark County, Wisconsin, on January 21, 2013 as Document No 592118 covering the property described below:

PEGGY L. WALTER, Clark Co Reg of Deeds

Fee Amount: \$30.00 Total Pages: 1

LEGAL DESCRIPTION OF PROPERTY:

Clark County, State of Wisconsin as described as the following: S 10 acres in SE-SW Sec. 5TWP, 23 NR 1 E.

Recording Area

Name and return address:

Department of Natural Resources Bureau of Remediation & Redevelopment (RR/5)

Attn: James Moser P.O. Box 7921

Madison, WI 53707-7921

Parcel Identification Number: <u>050.0080.000</u>

RECEIVED

JUL - 2 2015

Remediation & Redevelopment

| | If checked | here, real | estate | description | continues | or appears | on attached sl | neet. |
|--|------------|------------|--------|-------------|-----------|------------|----------------|-------|
|--|------------|------------|--------|-------------|-----------|------------|----------------|-------|

The fiduciary responsibility for this lien was transferred to the Department of Natural Resources from the Department of Safety and Professional Services when the 2013 Wisconsin Act 20 (Budget Bill) was signed into law on June 30, 2013. The DNR is authorized to issue this satisfaction of lien.

| his satisfaction of lien. | | | | | | |
|--|--|--|--|--|--|--|
| STATE OF WISCONSIN | WI Department of Natural Resources | | | | | |
| County of | Ву | | | | | |
| This instrument was acknowledged before me | Title PECFA Program Specialist-Senior | | | | | |
| on this day of June, 2015 | * James Moser | | | | | |
| on this May of June, 2015 by James Moser | Attest | | | | | |
| * (Name of person(s)) * | Title | | | | | |
| as PECFA Program Sucided & | 1 dr * | | | | | |
| of WOND (Type of authority, e.g., officer, trustee, etc. if any) | (*Type or print name signed above.) | | | | | |
| (Name of party on behalf of whom the instrument was executed) | PLEAS | | | | | |
| Name of Notary This instrument was drafted & approved by: | | | | | | |
| Name of Notary Notary Public, Wisconsin My Commission expires on 5/2/2017 / is permaneat. Dated: this day of | Department of Natural Resources PO Box 7921 Madison, WI 53707-7921 | | | | | |
| Dated: this day of, 2015 | OF WISHING | | | | | |