

SATISFACTION OF LIEN

§292.64(3), Stats.

Document Number

Title of Document

DOCUMENT # 361577

Recorded
December 21, 2016 9:17 AM

TAYLOR COUNTY WISCONSIN
REGISTER OF DEEDS
SARA K NUERNBERGER
RECORDING FEE: \$30.00
Page Total: 1
jsk

The undersigned certifies that the following lien in the amount of **\$10,000.00** has been fully paid and satisfied: Lien executed against **Dan L. Olson** by the Wisconsin Department of Safety and Professional Services and recorded in the office of the Register of Deeds of **Taylor** County, on **September 19, 2011** as Document No **341217** covering the property described below:

The North Half of the Northwest Quarter of the Southeast Quarter (N1/2 NW SE), Section Six (6), Township Thirty-one (31) North, Range Two (2) East, Taylor County, Wisconsin.

Name and return address:

James E. Moser, (RR/5)
PECFA Program Specialist Senior
Bureau of Remediation & Redevelopment
PO Box 7921
Madison WI 53707-7921
Phone (608) 267-7533

Parcel ID #: **251-00745-0000**

If checked here, real estate description continues on next page(s) or appears on attached sheet(s).

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.

WISCONSIN DEPARTMENT OF NATURAL RESOURCES

Signature James E Moser 12/15/16
(Date)
* James E. Moser

Signature: _____
(Date)
* _____

AUTHENTICATION

Authenticated this 15 day of December, 2016

Signature Jessica Kramer
* Jessica Kramer

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, _____
authorized by ss706.06, Wis. Stats.)

WISCONSIN DEPARTMENT OF NATURAL RESOURCES

Signature: _____
(Date)
* _____

Signature: _____
(Date)
* _____

ACKNOWLEDGMENT

STATE OF WISCONSIN }
} ss.

COUNTY OF _____ }
The above named person(s) were sworn to before me
this ____ day of _____, 2016

Signature _____
* _____
Notary Public, State of Wisconsin
My Commission is permanent. (If not, provide expiration
date) _____

* Names of persons signing in any capacity must be typed or printed below their signature.