

850158

Document Number

SATISFACTION OF LIEN

\$292.64(3), Stats.

Title of Document

The undersigned certifies that the following lien in the amount of **\$5,773.00** has been fully paid and satisfied: The lien executed against **Toni Carter** by the Wisconsin Department of Natural Resources and recorded in the office of the Register of Deeds of **Polk County**, on **November 2, 2015** as Document No **834956**, Volume # **N/A** and Page # **N/A** covering the property described below:

That part of the Southwest One-quarter (1/4) of the Southwest One-quarter (1/4) of Section Thirty (30), in Township Thirty Six (36) North, Range Eighteen (18) West in the Town of Laketown, Polk County, Wisconsin, described as follows: Commencing 15 rods 12½ feet East of the Southwest corner of said Section 30, in Township 36 North, Range 18 West; thence running North 171 feet; thence East 130 feet; thence South 171 feet; thence West 130 feet to the place of beginning.

☐ If checked here, the property description continues on the next page(s) or appears on attached sheet(s).

Received for record this
7th day of April
AD 2017 at 10:30 AM
DOCUMENT NUMBER: 850158
RECORDING FEE: \$30.00
TRANSFER FEE: \$0.00
FEE EXEMPTION:
SALLY L SPANEL
REGISTER OF DEEDS
POLK COUNTY, WI

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 #: **030-00728-0000**

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

[Signature] 3/14/17
(Date)
* **JAMES MOSER**

Signature: _____

(Date)

*

AUTHENTICATIONAuthenticated this 14 day of March, 2017

Signature

[Signature]
* **Michael D. Scott**

TITLE: MEMBER STATE BAR OF WISCONSIN

(If not, _____
authorized by ss706.06, Wis. Stats.)

WISCONSIN DEPARTMENT OF NATURAL RESOURCES

Signature: _____

(Date)

* **JAMES MOSER**

Signature: _____

(Date)

*

ACKNOWLEDGMENT

STATE OF WISCONSIN }

} ss.

COUNTY OF _____ }

The above named person(s) were sworn to before me
this _____ day of _____, 2017

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.

This document was drafted and approved by: State of Wisconsin, Department of Natural Resources, P.O. Box 7921, Madison, WI 53707-7921