

	_	•			•
31/2012	Page		1	of	

	5/31/2012 Page	1 of	2 11:53AM
After recording, return to (Name, Address, Zip):			
<u> </u>			
			
<u></u>			
RELEASE OF LIEN			
Grantor (Claimant): Wesley R. Wed	ner	Υ.,	
Grantee (Debtor): Wurich /E. Wedne	v		-6
Abbreviated Legal Description:		Canada e e e a cara cara cara cara cara cara	ples of the
Assessor's Property Tax Parcel or Account No: P127550	acct #3862-000-06	9-0500	2
Reference No(s) of Documents Assigned or Released:			
and the second s			
Murich & Wedness 1			
Claimant			
vs. vi			
Wasley R. Wedner			
Debtor(s).			
Debtoi(s).			
KNOW ALL BY THESE PRESENTS, that a certain lien c	laimed by a Claim of Lien filed	l and record	ed in the
office of the County Auditor of Shaait	County. W	ashington.	on (date)
office of the County Auditor of Shagit	ding No. 2009042	1007	/ , by
the above named claimant against the above named person(s) as d	lebtor(s), for the sum of <i>One</i>	- Sus	dred
Bifty thousands me/w			
property: (1.9800 ac) Lot 2 of Shaget Count	y short plat p	1-06 -	0802
(1.4000 acjecc - g	/ // <u>'</u>	•	\
recarded under AF# 20080506	0010; Being a	porter	w ag
Track F of Big Inke Water Front	braclo.		
wack to if say since	to the second	A.	
		9)	
	Care Control of the C		
is paid and satisfied, and is hereby released.	~/		
		and the second s	
DATED May 25, 2012		$Y/\zeta \langle$	
	muriel E. Wed	lner	<u> </u>
			~

Origon SM	
STATE OF WASHINGTON,)
County of Marion	Ss.
County of 322	Marie Com Dela
I certify that I know or have satisfactory evidence	ce that Muricl Corne Wilner
	_ is/are the individual(s) who appeared before me, and who acknowledged it to be his/her/their free and voluntary act
for the uses and purposes mentioned in the instrument.	acknowledged is to be morned as a
DATED May 23-2 2012	0800
DATED	
	Notary Public for Washington Organ
OFFICIAL SEAL	My appointment expires10104.1-2014.
RAYISA KUTSEV NOTARY PUBLIC OREGON	
COMMISSION NO. 452818	
MY COMMISSION EXPIRES OCTOBER 84, 2814	
e e e e e e e e e e e e e e e e e e e	1
STATE OF WASHINGTON,	SSS.
County of	.]
I certify that I know or have satisfactory evidence	te that is the individual who appeared before me, and who
	th stated that he/she was authorized to execute the instrument
and acknowledged it as the	OI
	to be mismer free and voluntary act
for the uses and purposes mentioned in the instrument.	
DATED	
DATED	`\\ <u>\\</u>
	Notary Public for Washington
	My appointment expires