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RELEASE OF CLAIM OF LIEN

RCW 60.04.071

STATE OF
WASHINGTON
COUNTY OF

Claimant / Lienor	_____
Owner	_____
Releases	Claim of Lien recorded _____
Parcel Number	_____

KNOW ALL PERSONS BY THESE PRESENTS that
_____ ("Claimant"), whose address is
_____, is the claimant under that certain Claim of
Lien recorded on _____ in the official records of _____ County,
Washington, against the real property described below, owned by
_____:

Legal description: _____

Parcel Number: _____

Claimant acknowledges full satisfaction of the claim secured by that lien, and
hereby releases, discharges and cancels the lien and the Claim of Lien of record,
and authorizes and directs the County Auditor to cancel it of record.

CLAIMANT:

By (signature)

Date

Printed name

Title

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared _____, authorized representative, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he or she executed it in that capacity for the purposes stated in it.

Notary Public (signature)

My commission expires

Notary's printed or typed name

(Notary seal)