

RELEASE OF LIEN COVER LETTER

TO: Grant County Auditor
POB 37
Ephrata, WA 98823

Please record the attached lien in your county. Bill our agency for any required charges at the address listed below.
Thank you.

Date

Authorized Representative

If you have questions, contact:

When Recorded Return To:

**WASHINGTON STATE COUNTY AUDITOR/RECORDER'S
INDEXING FORM**

Document Title(s) (or transactions contained therein):

- 1.
- 2.

Grantor(s) (Last name first, then first name and initials)

- 1.
- 2.

Grantee(s) (Last name first, then first name and initials)

- 1.
- 2.

Legal Description (abbreviated: i.e., lot, block, plat or section, township, range)

Assessor's Property Tax Parcel or Account Number: _____

Reference Number(s) of Documents Assigned or Released: _____