

## RELEASE OF LIEN COVER LETTER

TO: Okanogan County Auditor  
POB 1010  
Okanogan, WA 98840

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:

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**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)

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Assessor's Property Tax Parcel or Account Number: \_\_\_\_\_

Reference Number(s) of Documents Assigned or Released: \_\_\_\_\_