

## RELEASE OF LIEN COVER LETTER

TO: Walla Walla County Auditor  
POB 1856  
Walla Walla, WA 99362

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: \_\_\_\_\_