FULL SATISFACTION OF CLAIM FOR LIEN

Lien No. _____

Date: _____

Claimant, having filed a Claim for Lien against Owner(s), _____ _____, in the amount of $_____, which Claim was docketed by the Clerk of Circuit Court for _____ County, Wisconsin on _____, _____, does hereby acknowledge full satisfaction of this Claim and authorizes the Clerk of Circuit Court to enter full satisfaction of the Claim on the lien docket.

Claimant's name:

By:_____

Authorized agent's name:_____

Title:_____

Address: _____
_____
_____

Telephone Number: _____

ACKNOWLEDGMENT

STATE OF WISCONSIN)
_____ COUNTY)

Personally came before me this _____ day of _____, 20___, the above named _____, to me known to be the person who executed the foregoing instrument and acknowledged the same.

_____
Notary Public

My commission expires)(is)_____