Name & Return Address

Request for Access / Copy of Exempt Discharge Papers

Please print legibly or type information.

VEIERAN		
Last Name	First Name	<u></u>
In accordance with RCW 42.17.310, d the county auditor prior to June 30 released only to the veteran, the v appointed personal representative of power of attorney, or individuals d reference number(s) listed below. widower who has not remarried, son,), 2002, and commingled with or reteran's next of kin, a decer or executor, a person holding lesignated identified with the Per RCW 42.17.310, next of ki	other records may be ased veteran's properly the veteran's general e County Auditor under th in is defined as widow or
DESIGNEE		
Last Name	First Name	<u>MI</u>
I declare under penalty of perjury am eligible under RCW 42.17.310 to named above.		
Signature		
Relation to Veteran		
AUDITOR'S REFERENCE NUM	BER(s)	
Accessed Discharge Pape Form: VE	r(s) F 4 (Recording Fee - 0.	00)