Name	&	Return	Address

## Request for Exemption from Public Disclosure of Discharge Papers

	First Name	MI
Signature of Veter	ran	<del></del>
the county auditor prior treleased only to the veter appointed personal represe power of attorney, or indi-	17.310, discharge papers of a veteran f o June 30, 2002, and commingled with ot an, the veteran's next of kin, a deceas ntative or executor, a person holding t viduals designated below. Per RCW 42.1 r who has not remarried, son, daughter,	her records may be ed veteran's properly he veteran's general 7.310, next of kin is
DESIGNEE:		
Last Name	First Name	MI
add traine		
	First Name	MI
Last Name	First Name First Name	

Name	&	Return	Address

## Request for Disclosure of Discharge Papers

Please print legik	oly or type information.	
following individuals may h	hat in addition to next of kin as defined have access and / or obtain copies of the ty Auditor under the reference number(s)	e military discharge
Last Name	First Name	MI
Signature of Veter	ran	
the county auditor prior to July 1, 2002 may be release veteran's properly appoint veteran's general power of	17.310, discharge papers of a veteran fix of June 30, 2002 not commingled with other ed only to the veteran, the veteran's nested personal representative or executor, attorney, or individuals designated belowidow or widower who has not remarried, in the company of the company	r records and after xt of kin, a deceased a person holding the ow. Per RCW 42.17.310,
Last Name	First Name	
Last Name	First Name	MI
Last Name	First Name	
AUDITOR'S REFERENCE	CE NUMBER(s)	
	scharge papers recorded prior to July 1, Ther records and recorded after July 1, 2	

FORM: VET 2 (Recording Fee - 0.00)

Name & Return Addr	ess		
	<del></del>		
_		. ~	
	Request for Acc		
C	f Exempt Discha	arge Papers	
Please print legib	ly or type info	ormation.	
VETERAN	<u> </u>		
	<del> </del>		
Last Name	First N	ame	MI
In accordance with RCW 42.1 the county auditor prior to released only to the vetera appointed personal representation power of attorney, or indiverselection reference number(s) listed widower who has not remarrisponders.	June 30, 2002, and con, the veteran's next tative or executor, a riduals designated identification. Per RCW 42.17.	mmingled with other of kin, a deceased person holding the tified with the Cou 310, next of kin is	records may be veteran's properly veteran's general anty Auditor under the defined as widow or
DESIGNEE			
Last Name	First N	ame	MI
I declare under penalty of am eligible under RCW 42.17 named above.			
Signature	F	elation to Ve	eteran
AUDITOR'S REFERENC	E NUMBER(s)		

FORM: VET 4 (Recording Fee - 0.00)

AFN Accessed Discharge Paper(s)

Name	&	Return	Address	

## Revocation and Re-designation Of Disclosure of Discharge Papers

Please print legibly or type information.					
The undersigned veteran of the United States Armed					
Forces does hereby revoke and terminate the Request for					
_	Disclosure of Discharge Papers recorded in				
_	-		umber		
County under auditor's file number					
		<b>-</b> •			
Further, in accord		•			
undersigned designates the	ne individuals li	isted below	to		
access his / her dischard	ge papers recorde	ed in			
Coi	unty under audito	or's file n	umber(s)		
	/				
DESIGNEE:					
Last Name	First Name	 MT			
Last Hame	rirbe name				
Last Name	First Name	 MT	<del></del>		
Last Name	FIISC Name	I <sub>A</sub> I T			
Last Name	First Name	MΙ			
Last Name	First Name	MΙ			
Signature of Veteran			Date		
FORM: VET 3 (Recording Fee 0.00)					