## COVER SHEET (For Multiple Documents)

200004280056

Kathy Hill, Skagit County Auditor

4/28/2000 Page 1 of 2 1:01:29PM

RETURN TO:	
Island Title Escrow	
PO BOX 670	
Burlington, WA. 98233	
Island Title Company SB-15784 DOCUMENT TITLE(S) (list all titles contained in doc	
1.Release of Lien	2.
REFERENCE NUMBER(S) OF DOCUMENTS ASSI	IGNED OR RELEASED:
1. 199912010082	<b>2.</b>
	[ ] ADDITIONAL REFERENCE NUMBERS ON PAGE OF DOCUMENT.
GRANTOR(S) (Last name, first name and initials):	
1. Mount Baker Roofing, Inc.	1.
2.	2.
<b>્રે3.</b>	3.
4->	4.
	ADDITIONAL NAMES ON PAGE OF DOCUMENT.
GRANTEE(S) (Last name, first name and initials):	
1. Shelter Cove Construction, In	nc. I.
<b>2.</b>	<b>2.</b>
<b>3.</b>	3.
4.	4.
	[ ] ADDITIONAL NAMES ON PAGE OF DOCUMENT.
LEGAL DESCRIPTION (Abbreviated: Le., lot, block,	plat or quarter, quarter, section, township and range):
	[ ] ADDITIONAL LEGAL(S) ON PAGE OF DOCUMENT.
ACCECCODIC DADCEI CLAVAN ANTIMORN	
ASSESSOR'S PARCEL/TAX I.D. NUMBER:	
[ ] TAX PARCEL NUMBER(S) FOR ADDI	TIONAL LEGAL(S) ON PAGE OF DOCUMENT.

VS.

## RELEASE OF LIEN

SHELTER COVE CONSTRUCTION, INC., a Washington Corporation

KNOW ALL PERSONS BY THESE PRESENTS: that a certain Lien, claimed by Lien Notice filed and recorded in the office of the county Auditor of Skagit County, Washington, on the 1st day of December, 1999 recorded in Record of Liens, Volume No. 17, Page No. 3 and 4 under Auditor's File No: 199912010082 by the above-named claimant against the above-named defendant, for the sum of: Six Thousand Six Hundred Eighty-Three and 60/100 Dollars (\$6,683.60)upon the following property:

> 20399 Christie Place Burlington, WA 98233

Lot 3, Shamrock Place, Vol. 17, pgs. 3 and 4

is paid and satisfied, and the same is hereby released. Witness my hand this 30 day of MANCh Witnesses:

STATE OF WASHINGTON COUNTY OF

JOHNSON. I certify that I know or have satisfactory evidence that \_\_\_\_\_\_ is the person who appeared before me, and said person has acknowledge that ho signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: STATE OF WASHINGTO COUNTY OF \_\_\_\_

Notary Public in and for the State of Washington

Residing at My appointment expires:

I certify that I know or have satisfactory evidence that is the person who appeared before me, and said person \_\_\_\_\_ acknowledge that \_\_\_\_ signed this instrument and acknowledged it to be \_\_\_\_\_ free and voluntary act for the uses and purposes mentioned in this instrument.

Dated:

Notary Public in and for the State of Washington Residing at My appointment expires: