## COVER SHEET (For Multiple Documents)

200004280061

Kathy Hill, Skagit County Auditor

4/28/2000 Page 1 of 2 1:05:15PM

RETURN TO:	
Island Title Escrow	
PO BOX 670	
Burlington, WA. 98233	
Island Title Company SB-15784  DOCUMENT TITLE(S) (list all titles contained in document	u);
1.Release of Lien	2.
REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNE	D OR RELEASED:
1.200001140103	2.
	[ ] ADDITIONAL REFERENCE NUMBERS ON PAGE OF DOCUMENT.
GRANTOR(S) (Last name, first name and initials):	
1. All WAys Air Control, Inc.	<b>1.</b>
2.	<b>2.</b>
<b>3.</b>	3.
4.	4.
	[ ] ADDITIONAL NAMES ON PAGE OF DOCUMENT.
GRANTEE(S) (Last name, first name and initials):	
1. Shelter Cove Construction, Inc.	1.
<b>2.</b>	<b>2.</b>
3.	3.
4.	4:
	[ ] ADDITIONAL NAMES ON PAGE OF DOCUMENT.
LEGAL DESCRIPTION (Abbreviated: i.e., lot, block, plat of	or quarter, quarter, section, township and range):
	[   ADDITIONAL LEGAL(S) ON PAGE OF DOCUMENT.
ASSESSOR'S PARCEL/TAX I.D. NUMBER:	
LITAN DADCEL NUMBER(S) EOD ADDITION	NAL LEGAL(S) ON PAGE OF DOCUMENT.

## 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 14th day of January, 2000 recorded in Record of Liens, Volume No. 17, Page No. 3 and 4 under Auditor's File No: 200001140103 by the above-named claimant against the above-named defendant, for the sum of: Five Thousand Two Hundred and 25/100 Dollars (\$5,200.25) 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. day of \_\_\_ Witness my hand this 3/ Witnesses: All Ways Air Control, Inc. STATE OF WASHINGTON COUNTY OF \_ is the person who appeared before me, and said person does acknowledge that he signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in this instrument. and for the State of Washington Residing at 2 man l My appointment expires: STATE OF WASHINGTON §§ COUNTY OF 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:

