

WHEN RECORDED RETURN TO

Name	Donald H Reese
	Darlene E Reese
Address	7391 Skagit View Dr.
	Concrete/Wa 98237
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City, State, Zip.....

Land Title Company			
FILED FOR RECORD AT REQUEST	ÓF /		•
Land Title Comp	any 📐 🖔		
	Full Reconveyanc	e P-91097-E	
The undersigned as trustee und	er that certain Deed of Trust da	ted Septemb	er 27-1999
_	AND DARLENE E REESE 1	h/w	is grantor
and NORMA LOUISE FL	ORA CARTER		is
beneficiary, recorded on 9-30-1999 of Official Records, page received from the beneficiary under stions secured by the Deed of Trust h person(s) entitled thereto all of t described in said Deed of Trust, situations	, records ofSkagit aid Deed of Trust a written re ave been fully satisfied, does	9300053	in Volume
Lts 78 and 79.	"PLAT OF WILDERNESS VI	TILAGE DTV. N	Io. 211.
as per plat rec	orded in Volume 11 of	Plats, page	•
records of Skag	it County, Washington.	•	
Mars 20 2000			
Dated May 30 2000		ITLE COMPANY	OF SKAGIT COUNTY
		(Truste	
		(Truster	C)
	G	7.	V
The state of the s	By	anie-1	Title) MANAGER
STATE OF WASHINGTON	STATE OF WAS	SHINGTON) ·
COUNTY OF	COUNTY OF		} SS.
		_	
On this day personally appeared before	me On this3.0) t. h day of	lay
to me known to be the individual describe executed the within and foregoing instrum	BILL	and sworn, personally	appearedto me known to be
to me known to be the individual describe	in and who the witherzed signs	at man	7 - C, to the known to be
executed the within and foregoing instrumknowledged that sign	A do bo de mer ove	ecuted the foregoing in	strument, and acknowledged said
free and voluntary	he same as instrument to be the uses and purposes	therein mentioned, and	nd deed of said corporation, for the d on oath stated that he is
for the uses and purposes therein mentioned	authorizatio execu	ite the said instrument.	
	1 \ Y'<001 / \O		ffixed the day and year first above
GIVEN under my hand and offici	al sealums Himiten.		
day of		arm or	MALLEY.
		SHARO	N R. ANTHONY
Notary Public in and for the State of		*****************	and for the State of Washington,
residing at			NT VERNON
My appointment expires:		My appointment	expires: .962001

Form No. LT-16 Full (4/99)