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Kathy Hill, Skagit County Auditor

6/14/2000 Page 1 of 2 2:32:16PM

Return Address:

MT Baker Roofing Inc
5459 Danneberg Rd
Bellingham, WA 98226

RELEASE OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:

(please print last name first)

Reference # (If applicable): 200005110086

Claimant: (1) MT Baker Roofing, Inc (2) Addl. on pg

Owner/Agent: (1) Daniel Hanvey (2) Traditional Home Addl. on pg

Legal Description (abbreviated): Cedar Ridge Estates Division 1 Lot 2

Addl. legal is on pg Assessor's Property Tax Parcel /Account # P105698

MT Baker Roofing, Inc Claimant

vs.

Traditional Homes Defendant

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 11 day of May, 2000, recorded in Record of Liens, Volume No. , Page No. , by the above named claimant against the above named defendant, for the sum of Five thousand three hundred and no plus in Dollars (\$ 5,300.00), upon the following property:

is paid and satisfied, and the same is hereby released.

Witness my hand this 14 day of, June 2000

Witnesses

Claimant(s)

Debra Hanvey
MT Baker Roofing, Inc



Release of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.



IN WITNESS, whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

Kathy Hill
Print Name

Notary Public in and for the State of Washington

My appointment expires: 7-15-2003

On this 1st day of June, 2000, personally appeared before me _____ to me known to be the VICE PRESIDENT of the corporation that executed the within and foregoing instrument, and acknowledged said instrument to be free and voluntary act and deed, of said corporation, for the uses and purposes therein mentioned, and on oath stated that he is authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation.

SS. (CORPORATE ACKNOWLEDGEMENT)

STATE OF WASHINGTON
County of Skagit
}

Print Name

Notary Public in and for the State of

My appointment expires:

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

SS. (INDIVIDUAL ACKNOWLEDGEMENT)

STATE OF WASHINGTON,
County of _____
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