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, Skagit County Auditor

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Return Address:

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): 200009010 IIIClaimant: (1) Robert R Madison II (2) _____ Addl. on pg _____

Owner/Agent: (1) _____ (2) _____ Addl. on pg _____

Legal Description (abbreviated): N. 208.7 ft of the S. 10644 ft of the E 208.7 ft of the N.E. 1/4Addl. legal is on pg _____ Assessor's Property Tax Parcel /Account # P104533

366308-1-001-0403

Claimant

Robert R Madison II

vs.

Defendant

Roger H / Kathryn S. Mitchell

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, on the 9th day of Sept, 2000, recorded in Record of Liens, Volume No. _____, Page No. _____ by the above named claimant against the above named defendant, for the sum of one thousand four hundred 20 Dollars (\$ 1400.20), upon the following property:

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

Witness my hand this _____ day of, _____

Witnesses

Claimant(s)

RR Madison II

Release of Lien

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

Skagit County Auditor

200009200027



Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

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

On this _____ day of _____
to me known to be the _____ personally appeared before me
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
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 _____

Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

I certify that I know or have satisfactory evidence that _____
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.
Dated this _____ day of _____

SS. (INDIVIDUAL ACKNOWLEDGEMENT)

STATE OF WASHINGTON,

County of Skagit