WHEN RECORDED RETURN TO

Name SKAGIT STATE BANK

Address POST OFFICE BOX 285

City, State, Zip. BURLINGTON, WA 98233

200011080095 , Skagit County Auditor 11/8/2000 Page 1 of 1 11:46:44AM



Land Title Company

FILED FOR RECORD AT REQUEST OF

Land Title Company			
Full Re	econveyance	P-92557-S	3
The undersigned as trustee under that certain	Deed of Trust dated.	February	28 2000
in which HOWARD T BROWN AND JAN		_	is grantor
		•••••••••••••••••••••••••••••••••••••••	s grantor
and SKAGIT STAE BANK			
beneficiary, recorded on3.7.2.7.2000, as Auditor of Official Records, page, records of received from the beneficiary under said Deed of 5.	Skagit	County,	Washington, having
tions secured by the Deed of Trust have been fully person(s) entitled thereto all of the right, title described in said Deed of Trust, situated in	y satisfied, does here and interest now hel	by reconvey, withou d by said trustee in	it warranty, to the and to the property
Lot 23 Blockl Samish T	•		g.c.ii, uo 10110 ws.
As in the above referr	ed to Deed of T	[rust	a,
		A particular	
		And the same of th	
		K.	
Dated November 8 2000	(ANI) TTT	TE COMPANY OF	CV ACT TO COLINITY
	LAND III	LE COMPANY OF	SKAGII GOONIA
		10	
	By By	and a	No. of the contract of the con
	BILL RON	JHAAR (Name-Title)	MANAGER
COUNTY OF SION EXAM	STATE OF WASHIN		SS.
THIS SION EXP.	2 On thin 8th	n day of Novemb	er 2000
On this day personally appeared being me OTARY	before me, the undersigned	ed, a Notary Public in and fo	r the State of Washington,
to the known to be the marviallat deserbed incaporations.	# % ;	sworn, personally appeared ONHAAR	1, to me known to be
executed the within and foregoing instrument, and acou	the authorized signatory corporation that execute	of LandTitleCod the foregoing instrument	mpany, the , and acknowledged said
knowledged that signed the same as free and voluntary act and dead \$	smstrument to be the free a	and voluntary act and deed on mentioned, and on oatl	of said corporation, for the
for the uses and purposes therein mentioned.	authorized to execute the		. Stated that no is
GIVEN under my hand and official seal this	Witness my hand and off written.	ficial seal hereto affixed th	e day and year first above
day of) Ma	201 (F)	lo Hoon,
		******************************	. ANTHONY
Notary Public in and for the State of Washington, residing at		Notary Public in and for tresiding MOUNTVER	- i
My appointment expires:		My appointment expires:	
		Į.	Form No. LT-16 Full (4/99)

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