



200011090144
Skagit County Auditor

11/9/2000 Page 1 of 2 1:51:43PM

Return Address:

VISITING NURSE PERSONAL SERVICES

600 Birchwood #100

Bellingham, WA 98225

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):	1133 S	
Claimant: (1)	Visiting Nurse Personal Services	Addl. on pg
Owner/Agent: (1)	May Skogmo	Addl. on pg
Legal Description (abbreviated):	884 Shoshone Dr. Shelter Bay	
Addl. legal is on pg	Assessor's Property Tax Parcel /Account #	P84881 Cross Reference #5100-005-884-0000

Visiting Nurse Personal Services } Claimant
vs.
May Skogmo } 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 24th day of July, 2000, recorded in Record of Liens, Volume No. 200007240098, Page No. , by the above named claimant against the above named defendant, for the sum of Five Hundred Forty-Six and no/100-----Dollars (\$ 546.00), upon the following property:

884 Shoshone Dr. Shelter Bay

Parcel #P84881

Cross Reference #5100-005-884-0000

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

Witness my hand this 27th day of, October, 2000.

Witnesses

Claimant(s)



Release of Lien

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

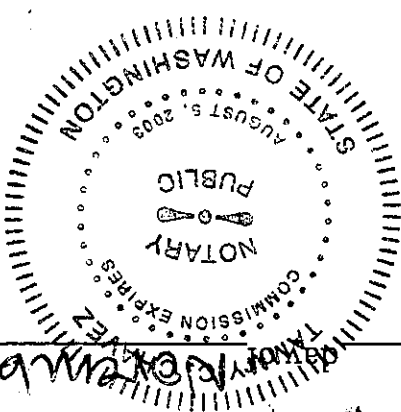
Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

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 _____ personally appeared before me _____ to me known to be the _____ 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

STATE OF WASHINGTON,
County of _____
} SS. (CORPORATE ACKNOWLEDGEMENT)

Print Name Tammy C. Chavez
Notary Public in and for the State of Washington
My appointment expires: Aug 5, 2003



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

Dated this 3rd day of November, 2000

STATE OF WASHINGTON,
County of Whatcom
} SS. (INDIVIDUAL ACKNOWLEDGEMENT)