



200101050011

Skagit County Auditor

1/5/2001 Page 1 of 2 9:20:18AM

Return Address:

Ove Brothers

639 INDUSTRIAL WAY UNIT C

OAK HARBOR WA 98277

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): 200012110091		
Claimant: (1) Ove Brothers	(2)	Addl. on pg
Owner/Agent: (1) Ken Masson	(2) Traditional Home Const. Inc.	Addl. on pg
Legal Description (abbreviated): 2412 42nd pl. / Lot 2 Forest Hills		
Addl. legal is on pg Assessor's Property Tax Parcel / Account #		

Claimant

vs.

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, on the 11th day of December, 2000, recorded in Record of Liens, Volume No. , Page No. by the above named claimant against the above named defendant, for the sum of Eight thousand six hundred twelve & no cents - Dollars (\$ 8,612.00), upon the following property:

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

Witness my hand this

21

day of,

DECEMBER

2000

Witnesses

Claimant(s)



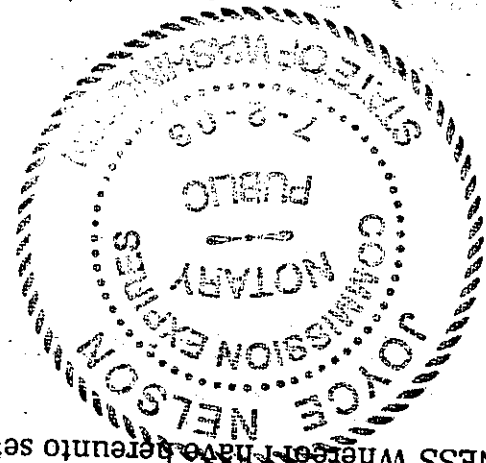
Release of Lien

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

Skagit County Auditor

200101050011



My appointment expires: 7-2-2003
Notary Public in and for the State of WASHINGTON
Print Name JOYCE NELSON

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

On this 21 day of DECEMBER, 2000, WMAZ personally appeared before me CO-OWNER to me known to be the CO-OWNER 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 ISLAND

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.

SS. (INDIVIDUAL ACKNOWLEDGEMENT)

STATE OF WASHINGTON,

County of Island

Dated this _____ day of _____