

200102160006 , Skagit County Auditor 2/16/2001 Page 1 of 1 8:

8:55:39AM

WHEN RECORDED RETURN TO

SKAGIT STATE BANK Address POST OFFICE BOX 285 City, State, Zip. BURLINGTON, WA 98233

| Land Title Company | | |
|--|---|---|
| FILED FOR RECORD AT REQUEST OF | | |
| | $\langle \hat{C} \rangle$ | |
| Land Title Company | | |
| Fu | II Reconveyance | P-94479-E |
| The undersigned as trustee under that of TIMOTHY U PRICE AND in which. | JANINE M PRICE | September 6.2000 |
| and SKAGIT STATE BANK; beneficiary, recorded on 9-18-2000 | , as Auditor's File No. Vashington, having received ing that the obligations sect warranty, to the person and to the property descri | from the beneficiary under said Deed ured by the Deed of Trust have been (s) entitled thereto all of the right, |
| The East 114 feet of Tract 6, "FOREST EST 8 of Plats, pages 53 | 'ATES", as per plat | recorded in Volume |
| Washington. | | |
| Dated February 15 2001 | BILL RONH | E-COMPANY: OF SKAGIT COUNTY |
| STATE OF WASHINGTON SS. COUNTY OF. | STATE OF WASHING COUNTY OFSk. | GTON agit 3001 |
| On this day personally appeared before in this | beforeme, the undersigned duly commissioned and s | day of rebruary 2001, a Notary Public in and for the State of Washington, worn, personally appeared. |
| to me known to be the individual described in and executed the within and foregoing instrument, and knowledged that signed the same free and voluntary act and | who the authorized signatory of the authorized signatory of corporation that executed instrument to be the free are feed of uses and purposes therein | MHAAR to me known to be of Land Title Company, the the foregoing instrument, and acknowledged said and voluntary act and deed of said corporation, for the mentioned, and on oath stated that he is |
| for the uses and purposes therein mentioned. | authorized to execute the | said instrument. |
| GIVEN under my hand and official seal | this written. | SHARON R. ANTHONY |
| Notary Public in and for the State of Washing residing at | | Notary Public in and for the State of Waskington, residing at MOUNTVERNON |
| My appointment expires: | | My appointment expires: 9-6-2001. |

Form No. LT-16 Full (4/99)