

WITTEN	DECOPINED	DESCRIPTION	$T \cap$
WHEN	RECORDED	KETUKN	$\pm 0$

Name Peoples Bank

Address P.O. Box 233

City, State, Zip. Lynden Wa 98264-0233



## **Land Title Company**

Dated April 3 2001

FILED FOR H	RECORD AT	REQUEST C	DF					
	LAND T	ITLE CO	MPANY					. 4
1	•		Full Re	conveyance	е	P-911	45	
The un	ndersigned as	trustee unde	r that certain I	Deed of Trust dat	ted	Octob	er 1 19	99
in which	JEFFRE	Y L ALLI	EN AND L	INDA MAY A	LLEN	•••••	••••••	is grantor
beneficiary, ofof Trust a wr fully satisfied	Skagit. ritten request , does hereby rest now held	10-5-99 to reconvey, reconvey, by said tru	nty, Washingt , reciting tha without warra stee in and to	Auditor's File on, having receif the obligations of the person the person the person the property deten, as follows:	ved fro secure <b>son(s)</b>	m the ben d by the l entitled	eficiary und Deed of Tru <b>thereto</b> all	er said Deed st have been of the right,
	as per	plat re	ecorded :	ADDITION T in Volume Skagit Co	7 of	Plats	, pages	
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And the second s							A Samuel Control	

LAND TITLE COMPANY OF SKAGIT COUNTY A(Dame-Title) MANAGER STATE OF WASHINGTON STATE OF WASHINGTON COUNTY OF ...... Skagit. COUNTY OF..... R. On this day personally appeared before the On this ......3 rd..... day of April 2001

fore me, the undersigned, a Notary Public in and for the State of Washington, commissioned and swom, personally appeared..... to me known to be the individual described in and who BILL RONHAAR , to me known to be the authorized signatory of LAND TITLE COMPANY ....., the comporation that executed the foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation, for the was was and purposes therein mentioned, an was was authorized to execute the said instrument. free and voluntary act and Quedd ases and purposes therein mentioned, and on oath stated that \_\_\_\_ he is for the uses and purposes therein mentioned Witness my hand and official seal hereto affixed the day and year first above GIVEN under my hand and official seal this written. ......day of ...... SHARON R. ANTHONY
Notary Public in and for the State of Washington Notary Public in and for the State of Washington, residing at ..... residing atMOUNT...VERNOR My appointment expires: .9.-6.-2.0.0 1 My appointment expires: ..... Form No, LT-16 Full (4/99)