

7/12/2002 Page 1 of 1 11:35AM

WHEN RECORDED RETURN TO

Thomas W Harker Name Barbara Harker Address 5106 Doon Way Anacortes Wa 98221-2910

residing at

My appointment expires:

	s wa 90221-2910		
City, State, Zip	<i>A.</i>		
	<u> </u>		
Land Title Compa	iny /		
FILED FOR RECORD AT	REQUEST OF		
· •			
LAND TIT	LE COMPANY		PA-98377-E
	Full R	econveyance	SA-100904-E
THOMAS W	HARKER AND BARBA	RA HARKER h/w	September 26 2001,
in which		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	is grantor
andWHIDBEY	ISLAND BANK	ă.	js
beneficiary, recorded on	9-28-2001	as Auditor's File No20	0109280140, records the beneficiary under said Deed
fully satisfied, does hereb title and interest, now held	y reconvey, without war	ranty, to the person(s) at the property described	by the Deed of Trust have been entitled thereto all of the right, in said Deed of Trust, situated in
Lot 178,	"SKYLINE NO. 8",	as per plat recor	ded in Volume 9
		d 74, records of S	
Washingt	ion.		
Dated. July 12	2002	1/	p. Armore
		LAND TITLE C	OMPANY OF SKAGIT COUNTY
			(Trustee)
		77-1	247
		By PDi	when
		RTLL RONH	(Name-Title) MANAGER
STATE OF WASHINGTON } ss.		STATE OF WASHINGTO	
COUNTY OF	∫ 33.	COUNTY OFSkag.	2.88 at
		_	44446
On this day personally appeared before me		On this1.2 t.h da	otary Public in and for the State of Washington,
		duly commissioned and sworn.	, personally appeared
to me known to be the individual described in and who executed the within and foregoing instrument, and ac-			AAR to me known to be ND TITLE COMPANY, the
			oregoing instrument, and acknowledged said
knowledged that	_		luntary act and deed of said corporation, for the ntioned, and on oath stated that he is
for the was and auras as there	•	authorized to execute the said i	The state of the s
for the uses and purposes there	SHARON R. ANTHON	Witness my hand and affect-1 -	eal heroto offixed the day and
GIVEN under my han	STATETOFIWASHINGT	n niness my name and ornerar s	eal hereto affixed the day and year first above
day of			13 Unthony
	My Commission Expires 9-6-2		SHARON R ANTHONY ry Public in and for the State of Washington,

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

residing atMOUNT...VERNON.....

My appointment expires: ...9/6/2005