200208130017 Skagit County Auditor WHEN RECORDED RETURN TO 8/13/2002 Page Name Washington Federal Savings Address P.O. Box 639 City, State, Zip Mount Vernon Wa 98273 <u>05</u>0-200-257823-5 **Land Title Company** FILED FOR RECORD AT REQUEST OF LAND TITLE COMPANY P-90187 S-101697 Full Reconveyance The undersigned as trustee under that certain Deed of Trust dated. August 11 1999 LAUREL J TREIBER, as her separate property and _______is beneficiary, recorded on 8-12-99 _____, as Auditor's File No. 199908120103 _____, records of Trust a written request to reconvey, reciting that the obligations secured by the Deed of Trust have been fully satisfied, does hereby reconvey, without warranty, to the person(s) entitled thereto all of the right, title and interessing wiheld by said trustee in and to the property described in said Deed of Trust, situated in County, Washington, as follows:

> Lots 32 and 33, "HOPLEY'S SAMISH ISLAND TRACTS SKAGIT COUNTY, WASH.", as per plat recorded in Volume 5 of Plats, page 44, records of Skagit County, Washington, EXCEPT that portion, if any, lying within the Padilla Bay Oyster Tracts.

August 12 2002 LAND TITLE COMPANY OF SKAGIT COUNTY (Trustee) BILL RONHAATRame-Title) MANAGER STATE OF WASHINGTON STATE OF WASHINGTON COUNTY OF ... Skagit COUNTY OF..... On this 12th day of August 2002 On this day personally appeared before me before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared BILL RONHAAR to me known to be to me known to be the individual described in and who the authorized signatory of ... LAND ... TITLE ... COMPANY........, the corporation that executed the foregoing instrument, and acknowledged said executed the within and foregoing instrument, and acinstrument to be the free and voluntary act and deed of said corporation, for the knowledged that..... signed the same as uses and purposes therein mentioned, and on oath stated that free and voluntary act and deed, authorized to execute the said instrument. for the uses and purposes therein mentioned SHARON R. ANTHONY titness my hand and official seal hereto affixed the day and year first above GIVEN under my hand STATE OF WASHINGTONday of NOTARY -- +-- PUBLIC SHARON R ANTHONY Notary Public in and for the State of Notary Public in and for the State of Washington,

residing at My appointment expires:

Form No. 1.T-16 Full (4/99)

residing at MOUNT VERNON

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

8:38AM

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