WHEN RECORDED RETURN TO

8:46AM 8/30/2002 Page 1 of 1

Name Cascade Federal Credit Union P.O. Box 58450 Seattle Wa 98138
City, State, Zip

My appointment expires: .....



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Land Tit	le Company		
	RECORD AT REQUEST OF		
	LAND TITLE COMPANY		
			P-101702-E
	Full Re	econveyance	P-101/02-E
The undersigned as trustee under that certain Deed of Trust dated			
_	CASCADE FEDERAL CREDIT UNION		
beneficiary, recorded on 10-18-2000 as Auditor's File No 200010180044 recorded of Skagit County, Washington, having received from the beneficiary under said Dee of Trust a written request to reconvey, reciting that the obligations secured by the Deed of Trust have bee fully satisfied, does hereby reconvey, without warranty, to the person(s) entitled thereto all of the right title and interest now held by said trustee in and to the property described in said Deed of Trust, situated in Skagit County, Washington, as follows:			
		Married Control of the Control of th	
Tract 34 of that certain Survey of a portion of Section 31, Township 36 North, Range 5 East, W.M., recorded May 6, 1974, under Auditor's File No. 800321, in Volume 1 of Surveys, page 52, records of Skagit County, Washington.			
Dated	August292002	LAND TITLE CO	OMPANY OF SKAGIT COUNTY
		BILL RONH	(Name-Title) MANACER
STATE OF W. COUNTY OF.	ASHINGTON Ss.	STATE OF WASHINGTO COUNTY OFSkag:	on }ss
On this day personally appeared before me		On this	
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that		BILL RONHAAR to me known to be the authorized signatory of LAND. TITLE COMPANY the corporation that executed the foregoing instrument, and acknowledged said instrument to be the 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 the said instrument.	
	STATE OF WASHINGTON under my hand and official seal this	written. Share	seal hereto affixed the day and year first above
Notary Public in and for the State of Washington,			SHARON R. ANTHONY
residing at	•	resid	ling at MOUNT VERNON

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

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