After Recording Mail to:

Name: **SCOTT AND JO ANN BLADE**
Address: **20395 PARK RIDGE LANE**
City and State: **SEDRO WOOLLEY WA 98284**

200301160078
Skagit County Auditor
1/16/2003 Page **1** of **1** **11:24AM**

FULL RECONVEYANCE

ISLAND TITLE COMPANY
A2000 / 2015

The undersigned as trustee under that certain Deed of Trust, dated **SEPTEMBER 10, 2001,** in which **SCOTT B LADE A ND J O A NN B LADE, H USBAND A ND WIFE,** is grantor and **WHIDBEY ISLAND BANK**, is beneficiary, recorded on **SEPTEMBER 18, 2001,** as Auditor's File No.**200109180153** and re-recorded **SEPTEMBER 20, 2001** under Auditor's File No. **200109200070**, in Official Records of **SKAGIT** County, Washington, having received from the beneficiary under said Deed of Trust a written request to reconvey, reciting that the obligations secured by the Deed of Trust has been 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.

Dated **January 16, 2003.**

ISLAND TITLE COMPANY
Trustee

By _____
ALBERT J. LANG, Title Officer

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

On this **16** day of **January, 2003**, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared **Albert J. Lang** to me known to be an **authorized signatory** of the corporation that executed the foregoing instrument, and acknowledged the 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.

Witness my and official seal hereto affixed the day and year first above written

_____
Michele R. Freeman, Notary Public in and for the
State of Washington residing at Mount Vernon
My commission expires: **01/25/05**

MICHELE R. FREEMAN
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
JANUARY 25, 2005

UNOFFICIAL DOCUMENT