200308050013 Skagit County Auditor

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1 8:44AM

Name Skagit State Bank
P.O. Box 285
Address Burlington Wa 98233

WHEN RECORDED RETURN TO

City, State, Zip



Land Title Company	
FILED FOR RECORD AT REQUEST OF	
LAND TITLE COMPANY	
Full Re	econveyance PA-104580-S
The undersigned as trustee under that certain	Deed of Trust dated January 3 2003
G WALTER MEAGHER AND SUSAN	beed of Trust dated
in which	H MEAGHERis grantor
of Trust a written request to reconvey, reciting the fully satisfied, does hereby reconvey, without warra	is Auditor's File No. 200301090072 , records ton, having received from the beneficiary under said Deed at the obligations secured by the Deed of Trust have been anty, to the person(s) entitled thereto all of the right, o the property described in said Deed of Trust, situated in gron, as follows:
Lot 15, Block 7 Similk Bea	ch and ptn Gov. Lot 6-9-34-2
As in the above referred	to Deed of Trust
DatedAugust5. 2003	LAND TITLE COMPANY OF SKAGIT COUNTY (Trustee) By BILL RONHAARame-Title; MANAGER
STATE OF WASHINGTON COUNTY OF	STATE OF WASHINGTON COUNTY OF Skagit
On this day personally appeared before me	On this5thday ofAugust 2003 before me, the undersigned, a Notary 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 acknowledged that signed the same as	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.
SHARON R. ANTHONY GIVEN STAFE OF WASHING TON day of NOTARY PUBLIC My Commission Expires 9-6-2005 Notary Public in and for the State of Washington,	Witness my hand and official seal hereto affixed the day and year first above written. SHARON R ANTHONY Notary Public in and for the State of Washington,
residing at	residing atMOUNTVERNON
My appointment expires:	My appointment expires:9-6-2005

Form No. LT-16 Full (1/01)