



200309150120

Skagit County Auditor

Return Address:

Kern Funeral Home

1122 S. 3rd St.

Mount Vernon, WA 98273

9/15/2003 Page 1 of 2 10:39AM

RELEASE OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable): 200302100261		
Claimant: (1) Kern Funeral Home	(2)	Addl. on pg
Owner/Agent: (1) LeRoy A. Anderson	(2)	Addl. on pg
Legal Description (abbreviated): 25280 Star View Road		
Addl. legal is on pg Assessor's Property Tax Parcel /Account # P-113563		

Kern Funeral Home

Claimant

vs.
George S. Adams

Defendant

KNOW ALL PERSONS BY THESE PRESENTS, that a certain Lien, claimed by Lien Notice filed and recorded in the office of the County Auditor of Skagit County, Mount Vernon, Wa, on the 10th day of February, 2003, recorded in Record of Liens, Volume No. _____, Page No. _____ by the above named claimant against the above named defendant, for the sum of Three Thousand One Hundred Seventy-Eight and 96/100****Dollars (\$ 3,178.96), upon the following property:

is paid and satisfied, and the same is hereby released.

Witness my hand this 12th day of September, 2003

Witnesses
Eric L. Anderson

Claimant(s)
LeRoy A. Anderson



Release of Lien

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MATERIAL MAY NOT BE REPRODUCED IN WHOLE OR IN PART IN ANY FORM WHATSOEVER.

Skagit County Auditor

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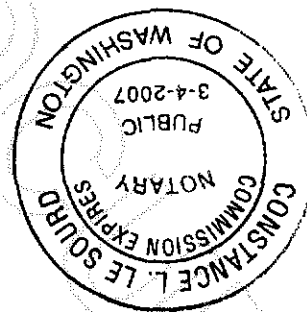
Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

IN WITNESS Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

On this _____ day of _____ personally appeared before me _____ of the _____ corporation that executed the within and foregoing instrument, and acknowledged said instrument to be free and voluntary act and deed, of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ he authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation

SS. (CORPORATE ACKNOWLEDGEMENT)

STATE OF WASHINGTON,



Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that _____ signed this instrument and acknowledged it to be free and voluntary act for the uses and purposes mentioned in the instrument.

SS. (INDIVIDUAL ACKNOWLEDGEMENT)

STATE OF WASHINGTON,

County of _____
Skagit

Leroy A. Anderson

Dated this _____ day of _____ 2003

Constance L. LeSourd