

When Recorded Return To:

KAREN SPARROW
CITICORP TRUST BANK, FSB
7467 NEW RIDGE ROAD
HANOVER, MD 21076



200309290161
Skagit County Auditor

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Deed of Reconveyance

CITICORP TRUST BANK, FSB #0003936856 "MITCHELL" Lender ID:31000/0003936856 Skagit, Washington
WHEREAS RELEASE SYSTEMS, INC. is the present Trustee of record under the following described Deed of Trust:

Trustor: RONALD E. MITCHELL AND JAMIE R. MITCHELL, HUSBAND AND WIFE
Beneficiary: CITICORP TRUST BANK, FSB FORMERLY KNOWN AS TRAVELERS BANK & TRUST, FSB
Original Beneficiary: TRAVELERS BANK & TRUST, FSB
Original Trustee: LAND TITLE COMPANY
Dated: 11/20/2001 Recorded: 11/27/2001 as Instrument No.: 200111270060 In the Records of the County Recorder of Skagit, State of Washington.
Property Address: 27711 MINKLER ROAD, SEDRO WOOLLEY, WA 98284

AND WHEREAS, the above said Deed of Trust has been paid in full;

NOW THEREFORE, the present Trustee having received from the present owner of the beneficial interest under said Deed of Trust and the obligations secured thereby a written request to reconvey by reason of the obligations secured by said Deed of Trust,
DOES HEREBY RECONVEY, without warranty, to the person or persons legally entitled thereto, the estate, title and interest now held by it under said Deed of Trust, describing the land therein as more fully described in said Deed of Trust.

By RELEASE SYSTEMS, INC. as Trustee
On 8-19-03

LANCE N. WESSELL, PRESIDENT, TRUSTEE

STATE OF OREGON
COUNTY OF MULTNOMAH

On AUG 19 2003, before me, TINA MEEKER, a Notary Public in and for MULTNOMAH in the State of OREGON, personally appeared LANCE N. WESSELL, PRESIDENT, TRUSTEE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

Notary Expires: _____



(This area for notarial seal)