WHEN RECORDED RETURN TO

200310240103 Skagit County Auditor

10/24/2003 Page 1 of

111:19AM

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

City, State, Zip	
Land Title Company	
FILED FOR RECORD AT REQUEST-OF	
LAND TITLE COMPANY	
	econveyance P-97142-S 1089096A
	·
The undersigned as trustee under that certain	
in which. THOMAS M HENRY AND LINDA M	1 HENRY h/w is grantor
and SKAGIT STATE BANK	is
fully satisfied, does hereby reconvey, without warra	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 gton, as follows:
	minder the state of the state o
	VILLAGE DIVISIONi", as per plat Plats, pages 166 and 167, records
October 24 2003	
Dated Occober 24 2003	LAND TITLE COMPANY OF SKAGIT COUNTY
	BIELVRONHARRTINE) MANAGER
STATE OF WASHINGTON SS. SS.	STATE OF WASHINGTON COUNTY OF Skagit
On this day personally appeared before me	On this day of October 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 free and voluntary act and deed, for the uses and purposes therein mentioned.	the authorized signatory dead TITLE COMPANY to me known to be the authorized signatory dead 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.
GIVEN under my hand and official scal his SHARON R, ANTHONY STATE OF WASHINGTON Notary Public in arMOTARY state of Washington, my commission Expires 9-6-2005	Witness my hand and official seal hereto affixed the day and year first above written. SHARONR. ANTHONY Notary Public in and for the State of Washington, residing at MOUNT VERNON
My appointment expires:	My appointment expires: 9-6-2005

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