

After Recording Mail to:

Name: **BETH MILLER**  
Address: **FRONTIER BANK**  
City and State: **PO BOX 1124**  
**MOUNT VERNON WA 98273**



200401220044  
Skagit County Auditor

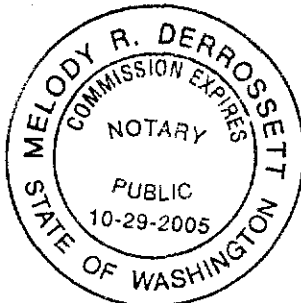
1/22/2004 Page 1 of 1 11:19AM

**FULL RECONVEYANCE**

**CHICAGO TITLE COMPANY**  
2819 / RN / QB-2431  
Your No. WELCH

The undersigned as trustee under that certain Deed of Trust, dated **DECEMBER 20, 2001**, in which **SHARED HEALTHCARE SYSTEMS, INC (FORMERLY KNOWN AS SUN HEALTHCARE SYSTEMS, INC.)**, is grantor and **SUN HEALTHCARE GROUP, INC.**, is beneficiary, recorded on **DECEMBER 31, 2001**, as Auditor's File No. **200112310040**, 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 21, 2004**



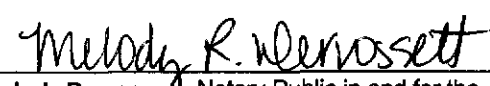
**ISLAND TITLE COMPANY**  
Trustee

By   
**JACK CRAWFORD, Authorized Signatory**

STATE OF WASHINGTON )  
 ) ss:  
COUNTY OF SKAGIT )

On this **21<sup>st</sup>** day of **January, 2004**, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared **Jack Crawford** to me known to be the **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

  
**Melody Derrossett**, Notary Public in and for the  
State of Washington residing at Burlington  
My commission expires **10-29-05**