After Recording Mail to:

Name: **PEOPLES BANK**
Attn: **SARA BRINK/MARY PLATA**
Address: **419 LIBERTY STREET**
City and State: **LYNDEN WA 98264**

200403090039
Skagit County Auditor
3/9/2004 Page **1** of **1** **11:29AM**

FULL RECONVEYANCE

CHICAGO TITLE COMPANY
B19431/2833
Your No.: 50219590491

The undersigned as trustee under that certain Deed of Trust, dated **August 10, 2000**, in which **EDDIE R. FRIZZELL and KAREN A. FRIZZELL, husband and wife**, is grantor and **PEOPLES BANK, a Washington Corporation**, is beneficiary, recorded on **August 18, 2000**, as Auditor's File No. **200008180069**, 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 **February 6, 2004.**

CHICAGO TITLE COMPANY FKA
ISLAND TITLE COMPANY
Trustee

By _____
MARTIN E. LEHR, Vice President

MELODY R. DERROSSETT
COMMISSION EXPIRES
NOTARY
PUBLIC
10-29-2005
STATE OF WASHINGTON

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

On this **6th** day of **February, 2004**, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared **Martin E. Lehr** to me known to be the **Vice President** 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 R. Derrossett, Notary Public in and for the
State of Washington residing at Burlington
My commission expires: **10/29/05**

UNOFFICIAL DOCUMENT