

| | 4/28/2004 Page | 1 of 1 | 8:41AM |
|--|--|------------------------------------|--------------------|
| WHEN RECORDED RETURN TO | | | |
| Name Skagit State Bank | | | |
| Address P.O. Box 285 | | | |
| City, State, Zip Burlington Wa 98233 | | | |
| | | | |
| Land Title Company | | | |
| FILED FOR RECORD AT REQUEST OF | | | |
| | | | |
| LAND TITLE COMPANY | | | |
| Full Hec | conveyance 102940 10 | 5946-PA | |
| The undersigned as trustee under that certain D | eed of Trust datedOctober | 32002 | , |
| in which CHANNEL VIEW LLC | | i | s grantor |
| and SKAGIT STATE BANK beneficiary, recorded on 10-4-2002, as of Skagit County, Washingto of Trust a written request to reconvey, reciting that fully satisfied, does hereby reconvey, without warran title and interest now held by said trustee in and to Skagit County, Washington | the obligations secured by the Dity, to the person(s) entitled the property described in said Describe | Deed of Trust hat thereto all of t | ave been he right, |
| ** | Married Marrie | | |
| Lots 1A, 1B, 3A, 3B, Channe | el View | | |
| As in the above referred | to Deed of Trust | | |
| Dated | | | |
| | LAND TITLE COMPANY | | OUNTY |
| | By Pour Name-Ti | - A | |
| STATE OF WASHINGTON 3 ss. | STATE OF WASHINGTON | MANAGER | |
| STATE OF WASHINGTON SS. | STATE OF MASHINGTON 🛬 🔝 | Noc. | |

COUNTY OF Skagit On this 27th day of April 2004 On this day personally appeared before me 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 authorized signatory of AND 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 to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that..... signed the same as uses and purposes therein mentioned, and on oath stated that he is free and voluntary act and deed, authorized to execute the said instrument. for the uses and purposes the responsibility of the uses and the uses the responsibility of the uses the responsibility of the uses the responsibility of the uses the use of the uses the use of the GIVEN under no State OF WASHINGTON Witness my hand and official seal hereto affixed the day and year first above written. My Commission Expires 9-6-2005 SHARON R ANTHONY
Notary Public in and for the State of Washington Notary Public in and for the State of Washington, residing at....MOUNT...VERNON..... residing at My appointment expires:9-6-2005.... My appointment expires:

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