

8/4/2004 Page

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210:57AM

AFTER RECORDING MAIL TO:	
Name Wasnington Federal Savings	FIRST AMERICAN TITLE CO.
Address P.O. BOX 07	A82034
City/State MacONO WA 9822	,
Document Title(s): (or transactions contained therein)	First American Title
1. Kelane of Jan	Insurance Company
2. 3.	1
4.	·
Reference Number(s) of Documents assigned or released:	
300407090040	
☐ Additional numbers on page of document	(this space for title company use only)
1.13eil knutson com pany 2. 3. 4. 5. Additional names on page of document	
Grantee(s): (Last name first, then first name and initials) 1. ISWW DEWEMENT LLC 2. 3. 4. 5. Additional names on page of document	
Abbreviated Legal Description as follows: (i.e. lot/block/plat or sect	
Jos 1. 20 Windward Village Accord	chonday out of bully
☐ Complete legal description is on page of docume	ont The Control of th
Assessor's Property Tax Parcel / Account Number(s):	
Plalung + Plalu78	

NOTE: The auditor/recorder will rely on the information on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

Claimant

. .

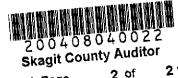
ISLAND DEVELOPMENT LLC

RELEASE OF LIEN

Defendant

ffice of the County Auditor of SKAG	<u> </u>	County, Washing	nton, on the	9TH day
f JULY 2004 18 record				
uditor's File No: 200407090040				
IVE THOUSAND NINE HUNDRE				
*TWO & 94/10	00	332.34		
OTS I THRII 20, WINDWARD	VILLAGE ACCOR	DING TO THE RE	CORDS OF	
KAGIT COUNTY, STATE OF W	ASHINGTON.			
AX PARCEL #P121658-#P121	678			
OMMONLY KNOWN AS: WINDWA	RD VILLAGE			
paid and satisfied, and the same is hereby re	eleased.		,	
Witness my hand this 2 nd	day of any	just 10	2004	
Witnesses:		Al a	IK	4
	A VY A	COVIE	- hi	Chiami
	WISSION	Exemple 1		Claimant
	- Sign	% <u> </u>		Claimant
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NOTA	- 1 1		Clapitant
rate of Jashington	_ () PUBI	2000 /≥ /		
OUNTY OF Smohomist	6-22-	200°/8'/		
I certify that I know or have satisfactory ev	idence that	ad will		
the person	who appeared before me,	and said person Bo	knowledged tha	
gred this instrument and acknowledged it to be strument.	free and volui	ntary act for the uses and pu	poses mentione	d in this
ated: 8/2/04	_		184	
,	~		ħ	
	She lill	M C Col	XX - / : [- F 1 0
	Residing at _	in and for the State of	Med La	-91 -0 -1
	Μγ αργούστη	ent expires: 6 33	- 30 ag	
		<u> </u>		
TATE OF	— ì			
OUNTY OF	} ss	& p		
I certify that I know or have satisfactory ev		and said personac	knowledged the	
med this instrument and acknowledged it to be	free and volu	itary act for the uses and put	poses mentione	in this

Notary Pi Residing : My appoir



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