

**After Recording Mail to:**

Name: **D B JOHNSON CONSTRUCTION INC**  
Address: **1801 GROVE STREET UNIT B**  
City and State: **MARYSVILLE WA 98270**



200410120152  
Skagit County Auditor

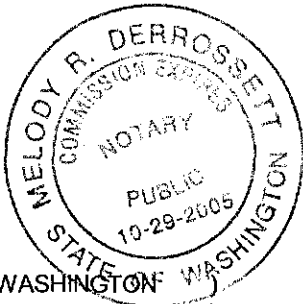
10/12/2004 Page 1 of 1 11:34AM

**FULL RECONVEYANCE  
WITHOUT SATISFACTION OF NOTE**

CHICAGO TITLE COMPANY  
A-2000/3203  
Your No.:


The undersigned as trustee under that certain Deed of Trust, dated **March 24, 2004**, in which **D. B. JOHNSON CONSTRUCTION, INC., a Washington Corporation**, is grantor and **DAVID B. AND ERIN JOHNSON, a married couple**, is beneficiary, recorded on **March 29, 2004**, as Auditor's File No. **200403290151** 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 **October 6, 2004**



**CHICAGO TITLE COMPANY FKA  
ISLAND TITLE COMPANY  
Trustee**


By

  
**MARTIN E. LEHR, Authorized Signatory**

STATE OF WASHINGTON )  
COUNTY OF SKAGIT ) ss:

On this **6th** day of **October, 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 **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 R. Derrossett**, Notary Public in and for the  
State of Washington residing at Burlington  
My commission expires: **10/29/05**