

WHEN RECORDED RETURN TO

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	12/20/2004 Fage	1 01
Name: Skagit State Bank		
Address P.O. Box 285		
City, State, ZBurlington Wa 98233		
(i), mac, mp		



residing at

My appointment expires:

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Land Title Company	
FILED FOR RECORD AT REQUEST OF	
LAND TITLE COMPANY	
Full Re	econveyance 113802 114434
The undersigned as trustee under that certain	Deed of Trust dated. October 4 2004
and the second s	ST., h/w is grantor
of	is Auditor's File No. 200410120162 , records ton, having received from the beneficiary under said Deed at the obligations secured by the Deed of Trust have been anty, to the person(s) entitled thereto all of the right, to the property described in said Deed of Trust, situated in gton, as follows:
Den E 1 Tr 12 Port Apreses	AVA T & DC 20 05
Ptn E ½ Tr 12 Burl Acreage	AKA Lot 2 PS 38-85
Lot 7, Plat of McKibben's	Fracts Div. NO. 1
As in the above referred	to Deed of Trust
DatedDecember 29 2004	LAND TITLE COMPANY OF SKAGIT COUNTY
	By BILL RONHAMMe-Title) MANAGER
STATE OF WASHINGTON SS.	STATE OF WASHINGTON COUNTY OF Skagit
On this day personally appeared before me	On this 29th day of December 2004 before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared
o me known to be the individual described in and who executed the within and foregoing instrument, and acconowledged has ARON.B. ANTHONY the same as STATETOF WASHINGTON and deed, or the uses and himpographers in many page.	the authorized signatory of LAND. 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 uses and purposes therein mentioned, and on oath stated that he is authorized to execute the said instrument.
My Commission Expires 9-6-2005 GIVEN under my hand and official seal this day of	Witness my hand and official seal hereto affixed the day and year first above written.
Notary Public in and for the State of Washington	SHARON R ANTHONY Notary Public in and for the State of Washington.

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

residing at.....MOUNT..VERNON.....

My appointment expires: ...9.-6.-2005....