This Space P	Provided for Recorder's Use
	(() WH (PA) a fini a way a fini a way a sing a
and the second	
and the second sec	Skagit County Auditor
WHEN RECORDED RETURN TO	_8/1/2005 Page 1 of 111:18A
Name Skagit State Bank	
Address P.O. Box 285	
Burlington Wa 98233	
City, State, Zip Diffingcon wa 90255	
Land Title Company	
FILED FOR RECORD AT REQUEST OF	
LAND TITLE COMPANY	
n na	econveyance 110137-PS
The undersigned as trustee under that certain	Deed of Trust dated. May 21 2004
	erans of Foreigh Wars of the United States
and SKAGIT STATE BANK beneficiary, recorded on 5-25-2004	is
ofCounty, Washin of Trust a written request to reconvey, recifing th fully satisfied, does hereby reconvey, without was	gton; having received from the beneficiary under said Deed hat the obligations secured by the Deed of Trust have been ranty, to the person(s) entitled thereto all of the right, to the property described in said Deed of Trust, situated in
Ptn SESE 6-35-4 and Prt L	Lot 1 AA & SL Moody Tract
As in the above referre	ed to Deed of Trust
Deted August 1 2005	
DatedAugust 1	LAND TITLE COMPANY OF SKAGIT COUNTY
	Fore Condaa
	Ву
STATE OF WASHINGTON	BILL_RONHAAR MANAGER
COUNTY OF	COUNTY OFSkagit
On this day personally appeared before me	On this 1st day of August 2005 before me, the undersigned, a Notary Public in and for the State of Washington,
to me known to be the individual described in and who	duly commissioned and sworn, personally appeared Bill Ronhaar, to me known to be
executed the within and foregoing instrument, and ac-	the authorized signatory ANDTITLECOMPANY , the corporation that executed the foregoing instrument, and acknowledged said
knowledged that free and voluntary act and deed,	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 accept the activity instrument.
for the uses and purposes therein mentioned.	authorized to execute the said instrument. Witness my hand and official seal hereto affixed the day and year first above
GIVEN under my hand and official seal this day of	written.
day of	Sharon R Anthony
Notary Public in and for the State of Washington,	Notary Public in and for the State of Washington,
residing at My appointment expires:	residing atMOUNTVERNON My appointment expires:9-6-2005
SHARON STATE OF V	R. ANTHONY Form No. LT-16 Full (1/01)
NOTARY -	PUBLIC
My Commission	n Expires 9-6-2005