



200511160067
Skagit County Auditor

11/16/2005 Page 1 of 2 11:20AM

Return Address:

BAY Point Plumbing & Heating
4335 Aldrich Rd
Bellingham WA 98226

RELEASE OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (if applicable):	200508020086	
Claimant: (1)	Richard G. WAGNER JR TRUSTEE	Add'l. on pg
Owner/Agent: (1)	BAY Point Plumbing & Heating	Add'l. on pg
Legal Description (abbreviated):	SHEA'S TO HAMILTON LOTS 45 & 6 Block 2	
Add'l. legal is on pg	Assessor's Property Tax Parcel / Account #	P73417 4121-002 006-0014

BAY Point Plumbing & Heating } Claimant
vs.
Sandra Cook }
Richard G. WAGNER TRUST } Defendant

KNOW ALL PERSONS BY THESE PRESENTS, that a certain Lien, claimed by Lien Notice filed and recorded in the office of the County Auditor of SKAGIT County, on the 2nd day of AUGUST, 2005, recorded in Record of Liens, Volume No. , Page No. , by the above named claimant against the above named defendant, for the sum of Forty Seven Hundred Ninety Seven Dollars & 11/100 Dollars (\$ 4797.11), upon the following property:

is paid and satisfied, and the same is hereby released.

Witness my hand this 16th day of November 2005

Witnesses

Claimant(s)

Skagit County Auditor



Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

IN WITNESS Whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

On this _____ day of _____ personally appeared before me _____ to me known to be the _____ of the _____ corporation that executed the within and foregoing instrument, and acknowledged said instrument to be free and voluntary act and deed, of said corporation, for the uses and purposes therein mentioned, and on oath stated that _____ he authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation

SS. (CORPORATE ACKNOWLEDGEMENT)

STATE OF WASHINGTON,

Print Name _____
Notary Public in and for the State of _____
My appointment expires: _____

I certify that I know or have satisfactory evidence that _____ person who appeared before me, and said person acknowledged that _____ signed this instrument and acknowledged it to be _____ free and voluntary act for the uses and purposes mentioned in the instrument.

SS. (INDIVIDUAL ACKNOWLEDGEMENT)

STATE OF WASHINGTON,