After Recording Mail to:

Name: **LAND TITLE COMPANY**
Address: **PO BOX 445**
City and State: **BURLINGTON WA 98233**

200603240123
Skagit County Auditor
3/24/2006 Page **1** of **1** **11:25AM**

FULL RECONVEYANCE

CHICAGO TITLE COMPANY
A-2000/4039
Your No.: 120054-PE

The undersigned as trustee under that certain Deed of Trust, dated **May 29, 2002**, in which **WILLIAM A. EASTMAN and LINDA M. EASTMAN, husband and wife, and TRACY L. EASTMAN**, is grantor and **JANICE M. RADOSEVICH, a single individual**, is beneficiary, recorded on **May 30, 2002**, as Auditor's File No. **200205300243**, in Official 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 **March 22, 2006.**

MELODY R. DERROSSETT NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES 10-29-2009

CHICAGO TITLE COMPANY FKA
ISLAND TITLE COMPANY
Trustee

By _____
MARTIN E. LEHR, Vice President

STATE OF WASHINGTON)
) ss:
COUNTY OF SKAGIT)

On this **22nd** day of **March, 2006**, 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 **Vice President** 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

Melody R. Derrossett, Notary Public in and for the
State of Washington residing at Burlington
My commission expires: **10/29/09**

UNOFFICIAL DOCUMENT