

2/9/2007 Page

1 of

2 1:26PM

Above Space Reserved for Recording
[If required by your jurisdiction, list above the name & address of: 1) where to return this form; 2) preparer; 3) party requesting recording.]

Walvel Oi Lieli
Date of this Document: $4eb8,2007$
Reference Number of Any Related Documents: 200701230113 Skright Country Audit
Lighholder:
Name Street Address City/State/Zip Sauk River Estates Association POBAL 152 City/State/Zip POKPORT, WR 98283
City/State/Zip 120ckport, W2 98283
Property Owner:
Name Ackie D. MACCORMAC Street Address 18033 STONE AVEN FB
City/State/Zip Shoreline, WA 98133
Abbreviated Legal Description (i.e., lot, block, plat, or section, township, range, quarter/quarter or unit, building and condo name): 548, Div I TRKS /+-L AND ALL LOT 19
Assessor's Property Tax Parcel/Account Number(s): Pb 8871
KNOW ALL MEN BY THESE PRESENTS: That I, faven Stund President, Saut River Est Mes the undersigned, for and in consideration of three hundred for 74 & 776 — Dollars (\$ 340 000) and other good and valuable consideration, to me paid, the receipt whereof is
hereby acknowledged, do hereby waive, release, remise and relinquish any and all right to claim any lien or liens for work done or material furnished, or any kind or class of lien whatsoever on the following described property: 5 4 6 1 0 F TRACIS - H-L And An Lot 19
PARCEL # 68871 SAUK PIVER ESTATES

$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
Title Owner of Said Property: (ACCIE U, MACCORMAC
Title Owner of Said Property: ACKIE D, MACCORMAC Signed, sealed and dated this 8 day of Feb 2007, at
Signed in the presence of:
By Karen I alroce
Witness Signature Lienholder's Signature
Witness' Signature
State of WA County of IS SKAGIT
M. JEAN JOHNSON
On FEB BTH 2001, before me, KAKEN S DROLLS, appeared person whose name is subscribed to the
, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.
WITNESS my hand and official seal.
Signature Student Signature JEAN JOHNSON SIGNATURE STONE STO
Affiant Known Produced ID
Type of ID WOL. (Seal)
(Seal)

200702090166 Skagit County Auditor

2 of

www.socrates.com