



200712070113

Skagit County Auditor

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Access Development

Claimant

vs.

Sarah Anderson

James Kirschman

Linda Kirschman

Defendant

RELEASE OF LIEN

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, Washington, on the 7th day of December, 2007, recorded in Record of Liens, Volume No. 200706220117 Page No. 1 and 2 by the above named claimant against the above named defendant, for the sum of five thousand one hundred twenty one and 91 Dollars (\$ 5121.91), upon the following property:

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

Witness my hand this 7th day of December, 2007

~~Witnesses~~

~~Claimant(s)~~

STATE OF WASHINGTON

County of Skagit

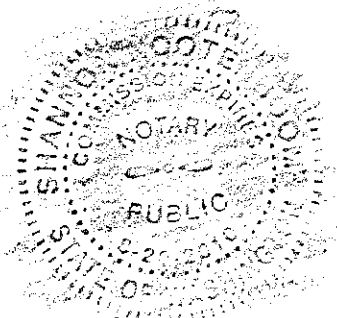
ss.

(INDIVIDUAL ACKNOWLEDGMENT)

I, Shannon Nootenboom, Notary Public in and for the State of Washington,
do hereby certify that on this 1 day of December, 2007, personally appeared
before me Jerry Maestas
to me known to be the individual described in and who executed the within instrument and acknowledged
that he signed the same as his free and voluntary act and deed for the uses and purposes herein
mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the day above written.

Shannon Nootenboom
Notary Public in and for the State of WA
My appointment expires: 08/20/2010



STATE OF WASHINGTON

County of _____

ss.

(CORPORATE ACKNOWLEDGMENT)

On this _____ day of _____, _____, before me personally
appeared _____ to me
known to be the _____ of the corporation that executed the within and 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 was authorized to executed said
instrument and that the seal affixed is the corporate seal of the corporation.

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

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



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