



201109210016

Skagit County Auditor

9/21/2011 Page 1 of 2 10:49AM

After recording, return to (Name, Address, Zip):

ARLENE BARTER, TREASURER
MONTBORNE HEIGHTS HOMEOWNER'S ASSOC
PO Box 3562
MOUNT VERNON, WA 98273

RELEASE OF LIEN

Grantor (Claimant): DEUTSCHE BANK NATIONAL TRUST Co. AS INDENTURE TRUSTEE FOR NEW CENTURY HOME
Grantee (Debtor): MONTBORNE HEIGHTS HOMEOWNER'S ASSOCIATION
Abbreviated Legal Description: MONTBORNE PTN LTS 1-18 BLK 26
Assessor's Property Tax Parcel or Account No: P 74624
Reference No(s) of Documents Assigned or Released: 200711020089

MONTBORNE HEIGHTS HOMEOWNERS ASSOCIATION
A WASHINGTON NON PROFIT CORPORATION
Claimant,

vs.
BAGGETT, JR / DEUTSCHE BANK NATIONAL
TRUST Co. AS INDENTURE TRUSTEE FOR NEW CENTURY HOME
Debtor(s).

KNOW ALL BY THESE PRESENTS, that a certain lien claimed by a Claim of Lien filed and recorded in the office of the County Auditor of SKAGIT County, Washington, on (date) 11-2-2007, under Auditor's Recording No. 200711020089, by the above named claimant against the above named person(s) as debtor(s), for the sum of SEVEN HUNDRED FIFTY FIVE Dollars (\$ 755.00), upon the following property: PARCEL # P 74624

LEGAL ADDRESS: MONTBORNE HEIGHTS PTN LTS 1-18 BLK 26
MAILING ADDRESS: 18133 STATE ROUTE 9
MOUNT VERNON, WA 98274

is paid and satisfied, and is hereby released.

DATED 9/21/2011

Arlene Barter, Treasurer
Montborne Heights HOA

(OVER)



Form No. 403 - Release of Lien ES
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Skagit County Auditor

201109210016



Notary Public for Washington My appointment expires 11-22-2014

Kay Stoner

DATED 9-21-2011

acknowledged that he/she signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the Treasurer of Montborne Heights Homeowners Association for the uses and purposes mentioned in the instrument.

I certify that I know or have satisfactory evidence that Arlene Butler is the individual who appeared before me, and who

STATE OF WASHINGTON, County of Skagit ss. }

Notary Public for Washington My appointment expires

DATED

acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act is/are the individual(s) who appeared before me, and who

I certify that I know or have satisfactory evidence that

STATE OF WASHINGTON, County of ss. }