## WHEN RECORDED RETURN

COMPASS HEALTH POST OFFICE BOX 3810 EVERETT WA 98213-8810 ATTN: NANCY COLE



7/30/2012 Page

1 of

1 10:04AM

Filed for Record at Request of Land Title Company of Skagit County

Order No.: 141998-O

## FULL RECONVEYANCE

The undersigned as trustee under that certain Deed	of Trust, dated APRIL 14 1992 in which
SKAGIT COMMUNITY MENTAL HEALTH	
WASHINGTON HOUSING TRUST FUN	
DEVELOPMENT	%
MAY 12 1992	as Auditor's No.
9205120083 records of Skagit	County, Washington, having received from the
	quest to reconvey, reciting that the obligations secured by
	ereby reconvey, without warranty, to the persons 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, situated in Skagit County, Washington, as follows:	
<sup>74</sup> 7.	
•	
Dated JULY 27 2012	
Dated	Land Title & Escrow Company of Skagit County
	(Trustee)
	By: Take Carthan
	Bill Ronhaar (Name-Title) Manager
STATE OF WASHINGTON ,	STATE OF WASHINGTON
COUNTY OF }ss.	COUNTY OF SKAGIT }ss.
On this day personally appeared before me	On this 27TH day of JULY 2012
on this day personally appeared before me	before me, that undersigned, a Notary Public in and for the State of
to me known to be the individual described	Washington, duly commissioned and sworn, personally appeared
in and who executed the within and	BILL RONHAAR, to me known to be the
foregoing instrument, and acknowledge that	authorized signatory of Land Title & Eserow Co. of Skagit County
rotogoing instrument, and acknowledge mat	The corporation that executed the foregoing instrument, and
signed the same as	acknowledged said instrument to be the free and voluntary act and deed
9	of said corporation, for the uses and purposes therein mentioned, and on
free and voluntary act and deed, for the uses	oath stated that he is authorized to execute to the said instrument
and purposes therein mentioned	general entre and the second
• •	Witness my hand and official seal hereto affixed the day and year first
	above written.
GIVEN under my hand and official seal this	$\cdot$ $\circ$ $\circ$ $\circ$ $\circ$ $\circ$ $\circ$
day of	Sharon or, Unknown
	Sharon R. Anthony
Notary Public in and for the State of Washington,	Notary Public in and for the State of Washington,
Residing at	Residing at MOUNT VERNON
My Appointment expires WHITH R. AN7	My appointment expires 9/6//2013
Will Olympia .	
₹{\0 <sup>1</sup> / <sub>2</sub> / <sub>2</sub>	
# ( <del>* ) 96</del>	
THE COUNTY OF WASHINGTON	
O. A.	
Notary Public in and for the State of Washington, Residing at My Appointment expires  Notary Public in and for the State of Washington, Residing at MOUNT VERNON My appointment expires  Notary Public in and for the State of Washington, Residing at MOUNT VERNON My appointment expires  9/6//2013	