

Skagit County Auditor 3/10/2015 Page

1 of

\$72.00 1 11:19AM

WHEN RECORDED RETURN SKAGIT BANK

Filed for Record at Request of Land Title Company of Skagit County Order No.: 150832-OAE

My Appointment expires

PARTIAL RECONVEYANCE				
The undersigned as trustee under that certain Dee	d of Trust, dated	MAY 9	2011	in which
H AVENUE, LLC AND DAKOTA AVENUE,				is grantor and
SKAGIT STATE BANK	-		is benef	iciary, recorded on
MAY 13 2011				as Auditor's No.
201105130011 records of SKAGIT	Coun	tv. Washing	ton, having	g received from the
beneficiary under said Deed of Trust a written re said deed, does hereby reconvey, without warr interest now held by said trustee in and to the situated in SKAGIT County, Washington, as fol	equest to reconvey anty, to the persontion of the real	a portion of sons entitle	f the real pr d thereto	roperty described in the right, title and
Lot 9, City of Anacortes Short Plat NO.				
And recorded September 13, 2006, under	· Auditor's File	NO. 2006	60913018	8, records of
Skagit County, Washington: being a port				
35 North, Range 1 East, W.M.				•
(Also known as Stone Ridge Short Plat)				
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Dated MARCH 10 2015				
	LAND T	TITLE AND	ESCROV	V COMPANY
	By: Eldon Br	LE.	anne-Title	Manager
			and the second	
STATE OF WASHINGTON }ss.	STATE OF WAS		10	}s#.*\
COUNTY OF	COUNTY OF SI	KAGII		
On this down and he can are discounted by	On this 10TH	Day of	MARCH 20	we was
On this day personally appeared before me				and for the State of
	Washington, duly			
to me known to be the individual described	ELDON BROWN	commissioned :		me known to be the
in and who executed the within and	authorized signator	rv of LAN		ESCROW CO.
foregoing instrument, and acknowledge that	The corporation th	•		
signed the same as				d voluntary act and deed
signed the same as				nerein mentioned, and on
free and voluntary act and deed, for the uses	oath stated that			e to the said instrument
and purposes therein mentioned				
and purposes dietem memoried	Witness my hand a	und official seal	hereto affixe	d the day and year first
	above written.			0/10///
GIVEN under my hand and official seal this	<0			11 LV 5/11
day of	()	hanor	1 01 '	My room
N.P.			haron R. Ar	nthony 7
Notary Public in and for the State of Washington				State of Washington
Residing at	" () () () () () () () () () (Residing at	MOUNT VE	RNON
My Appointment expires	<u>、刻口)</u> i	My appointmen	t expires	9/6/2017

9-06-2017

OF WASHIN

My appointment expires 9/6/2017