201809100001

09/10/2018 08:35 AM Pages: 1 of 2 Fees: \$38.00

After Recording Return To: City of Anacortes Steve Hoglund, Finance Director 904 6th Street Anacortes, Washington 98221

SATISFACTION OF LIEN

IT IS HEREBY CERTIFIED that the demand set forth in the NOTICE OF LIEN, filed by the undersigned municipal corporation against the following described real estate in the County Auditor's Office of the County of Skagit, State of Washington, on the 22th day of August, 2016, Auditors File Number 2016008220101, record in Records of Liens, has been paid and discharged in full, and the County Auditor of said County is hereby authorized to satisfy and cancel the same.

Owner: Thomas Shafer and Agnic Address: 5620 Sunset Avenue, A		98227311	
Account #: 143-0620-00		2	A. Ar.
Assessor's Tax, Parcel Number:	3816-015-010-0004)F	SESSERATOR S	
IN WITNESS WHEREOF the said	d Municipal Corporatio	nas caused the	se presents to
be subscribed and its corporate s this <u>22</u> day of <u>August</u> , 2018	seal to be hereto affixed 8.	d by a officers a	uthorized on

By: Steven D. Hoglund, Finance Director

Date: 6.22.18

State of Washington)		
County of Skagit)		
I certify that I know or have satisfactory evidence that Styre of Hospital is the person who appeared before me, and said person acknowledged that he signed this instrument, on oath and stated that he was authorized to execute the instrument and acknowledged it as the Satisfaction of Lien, to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument. Dated this		
Notary Public		
Mary Ellen Zell		
MARY ELEN ZELL Located in angented		
My appointment expires $\sqrt{39/3020}$		