

**RECORDING REQUESTED BY AND
AFTER RECORDING MAIL TO:**

UPF WASHINGTON INCORPORATED
12410 E MIRABEAU PKWY #100
SPOKANE VALLEY, WA 99216

Ref. No. 1962333(P)(E)

PARTIAL RECONVEYANCE

The undersigned, as Trustee, under that certain Deed of Trust dated 11/7/2017 in which Brighton Square, LLC, a Washington limited liability company, is/are Grantor(s), and Coastal Community Bank, is Grantee, recorded on 11/15/2017, as Recording No. 201711150078, in Volume N/A, Page N/A, records of Skagit County, Washington, having received from the beneficiary under said Deed of Trust a written request to reconvey that portion of the real property described in said deed, does hereby reconvey, without warranty, to the person(s) entitled thereto all of the right, title and interest now held by said trustee in and to that portion of the real property described in said Deed of Trust, situated in Skagit County, Washington as follows:

Legal: LOT 5 AND THE SOUTH 1/2 OF LOT 4 OF BINDING SITE PLAN NO. MV-BSP -02-001, APPROVED MAY 11, 2004, RECORDED MAY 26, 2004 UNDER SKAGIT COUNTY AUDITOR'S FILE NO. 200405260057, BEING A PORTION OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M. SITUATE IN THE CITY OF MOUNT VERNON, COUNTY OF SKAGIT, STATE OF WASHINGTON.

Assessor's Tax Parcel Numbers: P121640, 8051-000-005-0000

DATED: 1/28/2021

UPF WASHINGTON, INCORPORATED, TRUSTEE

Loan # 1904020700


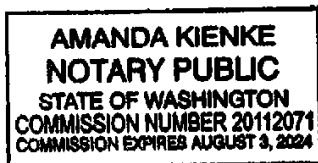
BY: 

Brian Thompson, Vice President

STATE OF WASHINGTON)
County of Spokane)

On 1/28/2021, before me, the undersigned Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared **Brian Thompson, Vice President**, personally known to me or proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.


NOTARY PUBLIC in and for the State of Washington

Printed Name:

Amanda Kienke

My commission expires:

8/3/2024