

	1877 z 1877		
WHEN	RECORDED	RETHEN	TO

Name JOHN G HANSTAD

Address 21547 Wylie Road

City, State, Zip Mount Vernon Wa 98273



Land Title Company			
FILED FOR RECORD AT REQUEST OF			
Land Title Company			
Full Re	conveyance	S-90241-L	S-94725-E
The undersigned as trustee under that certain	Deed of Trust dated	July 28 1999	••••••
in which. JOHN G HANSTAD AND DENIS	E E HANSTAD h/v	₹	is grantor
and	s Auditor's File Notion, having received at the obligations seatth, to the person of the property description, as follows:	1.999072.9.005 from the benefic cured by the Deed (s) entitled the	1, records iary under said Deed of Trust have been reto all of the right,
Lot 2 S/P 17-89 ptn W_2^1 20-3	3-4		
As in the above referred to	Deed of Trust		
		and the second	
			and the state of t
		bergen.	
			Sant Marketing
Dated January 3.2001	LAND TITI	E COMPANY OF	SKAGIT COUNTY
	TAND IIII	(Trustee)	SKAGII GOONII
		\bigcap	
	- the	Livia _	- ·
	Ву	(Name-Title)	
STATE OF WASHINGTON	STATE OF WASHIN	GTON	MANAGER
COUNTY OF COUNTY OF	STATE OF WASHIN	git	SS.
C. C	2.1		2001
On this day personally appeared before me OTAp	On this	day of Janu	ary 2001
	duly commissioned and s	sworn, personally appea	for the State of Washington, red
to me known to be the individual described in and who	BILL R	ONHAAR	red, to me known to be
executed the within and foregoing instrument, and pac-	the authorized signatory	of Land Title	Company, the ent, and acknowledged said
	instrument to be the free a	nd voluntary act and dee	ed of said corporation, for the
free and voluntary act and Cod,	uses and purposes therei	n mentioned, and on o	ath stated that he is
for the uses and purposes therein mentioned.	authorized to execute the	said instrument.	
		icial seal hereto affixed	the day and year first above
GIVEN under my hand and official seal this	written.	00 0	0 110
day of		Xhavon K	. Unthony
Notary Public in and for the State of Washington,		SHARON I Notary Public in and for residing MOUNT VI	R. ANTHONY or the State of Washington, ERNON
residing at			s9-6-2001
		, appointment expire	~9~0~Z001

Form No. LT-16 Full (4/99)