200101240047 , Skagit County Auditor 1/24/2001 Page

1 of 1 11:21:44AM

WHEN RECORDED RETURN TO

Name SKAGIT STATE BANK Address POST OFFICE BOX 285 City, State, Zip BURLINGTON, WA 98233



Land Title Company

FILED FOR	RECORD AT REQUEST OF	The state of the s		
		V.		
	Land Title Company Full R	econveyance	PA-93116-S	
The a	undersigned as trustee under that certain	Deed of Trust dated.	Aprill	72000
	T KELLY LARKIN AND JOAN B	and the second of the second o		
andbeneficiary, ofof Trust a wfully satisfie	SKAGIT STATE BANK recorded on 4-24-2000 Skagit County, Washing written request to reconvey, reciting the d, does hereby reconvey, without warrest now held by said trustee in and Skagit County, Washin	as Auditor's File No gton, having received nat the obligations se canty, to the person to the property description	2000042401 I from the benefice cured by the Deen (s) entitled the	is records is it i
	S_{2}^{1} W_{2}^{1} SW_{4}^{1} of the NE $_{4}^{1}$ of tof Tr. 2 Revised S/P 84-8	he SW¼ of 31-35 0	5-2 being a p	ortion
	$E_{2}^{\frac{1}{2}}$ SW $_{4}^{\frac{1}{2}}$ of the NE $_{4}^{\frac{1}{2}}$ of the	SW ¹ / ₄ of 31-35-2		
	As in the above referred	to Deed of Trus	st	
Dated	January 24 2001	I.AND TTTI	.F. COMPANY OF	SKAGIT COUNTY
			(Trustee)	
The second se		By tow	London	
		BILL RONH	AAR (Name-Title)	MANAGER
COUNTY OF	and the state of t	STATE OF WASHIN COUNTY OFSk	agit	ss.
On this day	y personally appeared before in Figure 500 and	On this24 t.h Wherefore the, the undersigned diff. commissioned and	day ofJanua: ed, a Notary Public in and sworn, personally appe	ry2001d for the State of Washington, ared
executed the w	within and foregoing instrument, and actual signed the same as an expectation of the same as a s	the authorized signatory corporation that execute	of Land Title. d the foregoing instrum	, to me known to be
or the uses and				
	inder my hand and official seal this	Witness my hand and off written.	icial seal hereto affixed	the day and year first above
Notary Public in and for the State of Washington, residing at				of the State of Washington,
My appointment expires:			My appointment expire	es: .9-6-2001

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