

WHEN RECORDED RETURN TO SKAGIT STATE BANK Name

residing at

POST OFFICE BOX 285

Address

BURLINGTON WA 98233

| City, State, Zip | |
|--|--|
| | |
| Land Title Company | |
| FILED FOR RECORD AT REQUEST OF | |
| LAND TITLE COMPANY | |
| Full Re | conveyance PA-95752-S PA-98258-S |
| The undersigned as trustee under that certain | Deed of Trust dated February 5 2001 |
| | NDA J JENNINGS h/w is grantor |
| and SKAGIT STATE BANK beneficiary, recorded on 2-12-2001, a of Skagit. County, Washing of Trust a written request to reconvey, reciting the fully satisfied, does hereby reconvey, without warra | is s Auditor's File No.200102120120, records ton, having received from the beneficiary under said Deed at the obligations secured by the Deed of Trust have been unty, to the person(s) entitled thereto all of the right, to the property described in said Deed of Trust, situated in |
| Ptn Gov Lot 1 31-35- | 2 |
| As in the above refer | red to Deed of Trust |
| Dated September 25 2001 | |
| | LAND TITLE COMPANY OF SKAGIT COUNTY |
| | BILL RONHAAR me-Title) MANAGER |
| STATE OF WASHINGTON COUNTY OF | STATE OF WASHINGTON COUNTY OF Skagit |
| On this day personally appeared before me | On this |
| to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that signed the same as free and voluntary act and deed, for the uses and purposes therein mentioned. | BILL RONHAAR to me known to be the authorized signatory of LAND TITLE COMPANY, the corporation that executed the foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that he is authorized to execute the said instrument. |
| GIVEN under my hand and office HARON A. A. STATE DE WAS | $A = A \cap $ |

SHARON R. ANTHONY / Notary Public in and for the State of Washington, "NOTARY" -- -- PUBLIC Notary Public in and for the State of Washington, My Commission Expires 9-6-2005 residing MOUNT VERNON My appointment expires: My appointment expires: 9.-6-2.005.....

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