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$\mathbf{W}\mathbf{H}\mathbf{F}$	NT I	RFC	$\cap \mathfrak{p}$	UED	RETHEN	TO

Name Island Title Company

Address 819 S Burlington Blvd

City State 7 Burlington Wa 98233

City, State, Zip Burlington Wa 98233			
Land Title Company			
FILED FOR RECORD AT REQUEST OF			
LAND TITLE COMPANY			
555000	conveyance P-98684-E		
The undersigned as trustee under that certain	Deed of Trust datedOctober 25 2001		
in which ALPINE VIEW HOMES, LLC	is grantor		
and DONALD F FLEMING	is		
of	Auditor's File No200.1.10260003, records con, having received from the beneficiary under said Deed t the obligations secured by the Deed of Trust have been nty, to the person(s) entitled thereto all of the right, of the property described in said Deed of Trust, situated in ton, as follows:		
*	and the second s		
Lot 8, EAGLEMONT PHASE 1E," October 30, 2000, under Aud records of Skagit County, W	litor's File No. 200010300157		
DatedSeptember 11 2002			
	LAND TITLE COMPANY OF SKAGIT COUNTY  (Trustee)  By  BILL RONHA (Name-Title)  MANAGER		
STATE OF WASHINGTON SS.	STATE OF WASHINGTON COUNTY OFSkagit		
On this day personally appeared before me	On this 11th day of September 2002, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared.		
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that	BILL RONHAAR to me known to be the authorized signatory of AND 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 STATE OF WASHINGTO	Norman B. Without		
Notary Public in and for the State of Washington, residing at	SHARON R. ANTHONY.  Notary Public in and for the State of Washington, residing MOUNT. VERNON.  My appointment expires: 9/6/2005		
appendix	my appointment expires. NA.MA.A.M.M		

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