

UNRECORDED



200307030033
Skagit County Auditor

7/3/2003 Page 1 of 2 10:27AM

Return Address:

Kitchens & Design
20407 East Hickox Rd
Mount Vernon, WA 98274

RELEASE OF LIEN

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97:		(please print last name first)
Reference # (If applicable):	<u>200304290189</u>	
Claimant: (1) <u>Kitchens & Design</u>	(2)	Add'l. on pg. _____
Owner/Agent: (1) <u>Stuart, Jack</u>	(2)	Add'l. on pg. _____
Legal Description (abbreviated): _____		
Add'l. legal is on pg. _____ Assessor's Property Tax Parcel /Account # <u>1304 Avenue I Anacortes, WA</u>		

Kitchens & Design Claimant
20407 E Hickox Rd.
 vs.
Bill and Marjie Scales Defendant

KNOW ALL PERSONS BY THESE PRESENTS, that a certain Lien, claimed by Lien Notice filed and recorded in the office of the County Auditor of Skagit County, Washington, on the _____ day of _____, recorded in Record of Liens, Volume No. _____, Page No. _____ by the above named claimant against the above named defendant, for the sum of Three Thousand Eighty-Six, dollars 50 cents Dollars (\$ 3086.50), upon the following property:

is paid and satisfied, and the same is hereby released.

Witness my hand this 3 day day of July 2003

Witnesses

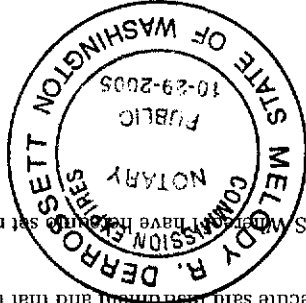
Claimant(s)



DOCUMENT



My appointment expires: 10-29-2005
Notary Public in and for the State of Washington
Print Name Melody R. Derrossett
Melody R. Derrossett



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.
authorized to execute said instrument and that the seal affixed is the corporate seal of said corporation
and deed, of said corporation, for the uses and purposes therein mentioned, and on oath stated that he
corporation that executed the within and foregoing instrument, and acknowledged said instrument to be free and voluntary act
On this 3rd day of July 2003 to me known to be the owner personally appeared before me
Jack R. Stuart
County of Skagit }
STATE OF WASHINGTON, }
SS. (CORPORATE ACKNOWLEDGEMENT)

My appointment expires: _____
Notary Public in and for the State of _____
Print Name _____

Dated this _____ day of _____
I certify that I know or have satisfactory evidence that _____
person who appeared before me, and said person acknowledged that _____ signed this instrument and acknowledged it to be
free and voluntary act for the uses and purposes mentioned in the instrument.
County of _____ }
STATE OF WASHINGTON, }
SS. (INDIVIDUAL ACKNOWLEDGEMENT)