WHEN RECORDED RETURN TO	HAMAKAKAN ARAKAN AR
Name Oakwood Acceptance	Skagit County Auditor
Address P.O. Box 27081	1/14/2004 Page 1 of 1 8:41AM
City, State, Zip Greensboro NC 27425-7081	
Land Title Company	
FILED FOR RECORD AT REQUEST OF	
LAND TITLE COMPANY	105167-PE 107500-PE
Full Re	econveyance 105167-PE 107500-PE
The undersigned as trustee under that certain	Deed of Trust datedMarch 27 2003
in which	is grantor
and OAKWOOD ACCEPTANCE CORPORATION  beneficiary, recorded on 4-3-2003, as Auditor's File No. 200304030131, records of Skagit. County, Washington, having received from the beneficiary under said Deed of Trust a written request to reconvey, reciting that the obligations secured by the Deed of Trust have been fully satisfied, does hereby reconvey, without warranty, to the person(s) entitled thereto all of the right, title and interest now held by said trustee in and to the property described in said Deed of Trust, situated in County, Washington, as follows:	
records of Skagit County,	uditor's File No. 200112110026, Washington, and being a portion Northeast 1 of Section 14, Town- st, W.M.
DatedJanuary 14 2004	LAND TITLE COMPANY OF SKAGIT COUNTY
	(Trüstge)
	BILL RONHANGER
STATE OF WASHINGTON COUNTY OF	STATE OF WASHINGTON COUNTY OF Skagit
On this day personally appeared before me	On this14th day of
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that	B111 Ronhaar to me known to be the authorized signatory of AND TITE 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 NOTARE Vider and PUBLIC seal this	Witness my hand and official seal hereto affixed the day and year first above written.
Notary Public in and for the State of Washington,	Notary Public in and for the State of Washington,

residing at .....

My appointment expires: .....

residing at MOUNT VERNON

My appointment expires: 9-6-2005

Form No. LT-16 Full (1/01)