

12/16/2004 Page

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1 11:12AM

WHEN RECORDED RETURN TO

Name Skagit State Bank

Address P.O. Box 285

City, State, ZBurlington Wa 98233

My appointment expires:

Address P.O. Box 285	
City, State, ZBurlington, Wa 98233	
Land Title Company	
FILED FOR RECORD AT REQUEST OF	
LAND TITLE COMPANY	
	econveyance P-97199 114263
The undersigned as trustee under that certain	Deed of Trust dated. June 6 2001
	RATE PROPERTYis grantor
of	Auditor's File No.200106190008*, records ton, having received from the beneficiary under said Deed at the obligations secured by the Deed of Trust have been anty, to the person(s) entitled thereto all of the right, to the property described in said Deed of Trust, situated in gton, as follows:
* a re-recording of instrum	ent # 200106080207
Ptn. Gov. Lot 3 in $SW_4^{\frac{1}{4}}$ 19-3.	5-3 AKA Lot 2 S/P 32-87
As in the above referred	to Deed of Trust
Dated. December 16 2004	
	LAND TITLE COMPANY OF SKAGIT COUNTY (Trustee)
	DSI20
	By Paulo le
A Section 1. A sec	BILL RONHAM me-Title MANAGER
STATE OF WASHINGTON COUNTY OF	STATE OF WASHINGTON COUNTY OF Skagit
On this day personally appeared before me	On this 16th day of December 2004 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 of Expires to 2005 of this	Witness my hand and official seal hereto affixed the day and year first above written.
day of	whith and
Notary Public in and for the State of Washington,	SHARON R ANTHONY Notary Public in and for the State of Washington,
residing at	residing at.MOUNT.VERNON

My appointment expires: ....9...6...2005.....

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