

WHEN RECORDED RETURN SKAGIT STATE BANK POST OFFICE BOX 285 **BURLINGTON WA 98233** Filed for Record at Request Of Land Title Company of Skagit County Order 134311-SA

FULL RECONVEYANCE	
The undersigned as trustee under that certain Deed of Trust, dated AUGUST 12 2009 in which	
KATHLEEN BURKETT, A SINGLE WOMAN	
SKAGIT STATE BANK	is beneficiary, recorded on
AUGUST 17 2009	as Auditor's No.
200908170172 records of <b>SKAGIT</b>	County, Washington, having received from the
	quest to reconvey, reciting that the obligations secured by
the Deed of Trust have been fully satisfied, does he	ereby reconvey, without warranty, to the persons entitled
thereto all of the right, title and interest now held	d by said trustee in and to the property described in said
Deed of Trust, situated in SKAGIT County, Washi	ngton, as follows:
LOT 9, BLOCK 10 WOODS ADDITION	ŤO ANACORTES
i de la companya de	
, see a	
Dated OCTOBER 7 2009	
	LAND TITLE COMPANY OF SKAGIT CO
	(Trystee)
	This land a
	By: The fire
	Bill Ronhaar (Name-Title) Manager
STATE OF WASHINGTON }ss.	STATE OF WASHINGTON State of Skagit Skagit State of Skagit Sk
COUNTY OF	COUNTY OF SKAGIT
On this day regreenably appeared before me	On this 7TH day of OCTOBER 2009
On this day personally appeared before me	before me, that undersigned, a Notary Public in and for the State of
to me known to be the individual described	Washington, duly commissioned and sworn, personally appeared
in and who executed the within and	BILL RONHAAR, to me known to be the
foregoing instrument, and acknowledge that	authorized signatory of LAND TITLE COMPANY
101-go	The corporation that executed the foregoing instrument, and
signed the same as	acknowledged said instrument to be the free and voluntary act and deed
	of said corporation, for the uses and purposes therein mentioned, and on
free and voluntary act and deed, for the uses	oath stated that he is authorized to execute to the said instrument
and purposes therein mentioned	Witness my hand and official seal hereto affixed the day and year first
	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
GIVEN under my hand and official seal this	above written.
day of	Drain Di Li Yitami
	Sharon R. Anthony
Notary Public in and for the State of Washington,	
Residing at	Residing at MOUNT VERNON
My Appointment expires AR. A	Ny appointment expires 9/6/2013
EXP. 9-8-20\\(^3\) \Rightarrow \Box \Box	
E S. AUBUC A E	
OF WASHINI	
Notary Public in and for the State of Washington, Residing at My Appointment expires  Notary Public in and for the State of Washington, Residing at MOUNT VERNON My appointment expires  Public in and for the State of Washington, Residing at MOUNT VERNON My appointment expires  9/6/2013	
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