



201210290006

Skagit County Auditor

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WHEN RECORDED RETURN TO:

RPI
PO Box 5587
Everett, WA 98206

Reference: 27410

Reconveyance Professionals Inc.

Full Reconveyance

CUSTOMER RETURN ADDRESS:

The undersigned as trustee or successor trustee under that certain Deed of Trust described below :

Grantor(s) : **SKAGIT VALLEY MEDICAL CENTER, INC. P.S.; A WASHINGTON CORPORATION**

Trustee or Successor Trustee : **Reconveyance Professionals, Inc**

Original Beneficiary : **Whidbey Island Bank**

Deed of Trust Dated : **10/11/2007**

Loan Number : **Y449001049**

Recorded Date : **10/15/2007**

Re-Recorded Date :

Auditor's File No. : **200710150092**

Re-Recorded AFN :

County of : **Skagit**

Modified Number :

State of : **Washington**

Volume / Book : Page :

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 or successor trustee in and to the property described in said Deed of Trust.

Dated: 10/22/2012

Reconveyance Professionals, Inc.

BY: James R. Hoagland, Secretary

STATE OF Washington

COUNTY OF Snohomish

I certify that I know or have satisfactory evidence that JAMES R. HOAGLAND signed this instrument, on oath stated that he was authorized to execute this instrument and acknowledged that as SECRETARY of RECONVEYANCE PROFESSIONALS, INC. to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.



Dated: 10/22/2012

Witness my hand and official seal,

Notary Name Kristina Faller

Notary in and for the state of: Washington

Residing at: Arlington

Notary Appointment Expires: 3/9/2014