

When Recorded Return To:

KEN V ROBERTS
4908 MONTE VISTA PL
MOUNT VERNON, WA 98273



200301060008
Skagit County Auditor

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Deed of Reconveyance

WASHINGTON MUTUAL - 150 #:8020228642 "ROBERTS" Lender ID:F12/1676278825 Skagit, Washington
MERS #: 100017913110201822 VRU #: 1-888-679-6377

WHEREAS WASHINGTON RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: KEN V. ROBERTS AND ELIZABETH HOWELLS- ROBERTS, HUSBAND AND WIFE
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.
Original Trustee: FIRST AMERICAN TITLE INSURANCE COMPANY, A CALIFORNIA CORPORATION
Dated: 03/02/2001 Recorded: 03/09/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:
200103090089 In the Records of the County Recorder of Skagit, State of Washington.
Property Address: 4908 MONTE VISTA PL, MOUNT VERNON, WA 98273

AND WHEREAS, the above said Deed of Trust has been paid in full;

NOW THEREFORE, the present Trustee having received from the present owner of the beneficial interest under said Deed of Trust and the obligations secured thereby a written request to reconvey by reason of the obligations secured by said Deed of Trust,
DOES HEREBY RECONVEY, without warranty, to the person or persons legally entitled thereto, the estate, title and interest now held by it under said Deed of Trust, describing the land therein as more fully described in said Deed of Trust.

By WASHINGTON RECONVEYANCE COMPANY as Trustee
On November 22nd, 2002

DAN GITZLAFF, ASSISTANT VICE PRESIDENT

STATE OF Wisconsin
COUNTY OF Milwaukee

On November 22nd, 2002, before me, PAM KARLE, a Notary Public in and for Milwaukee County, in the State of Wisconsin, personally appeared DAN GITZLAFF, ASSISTANT VICE PRESIDENT, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

PAM KARLE
Notary Expires: 06/13/2004

PAM KARLE
NOTARY PUBLIC STATE OF WISCONSIN

(This area for notarial seal)