



200404260063
Skagit County Auditor

4/26/2004 Page 1 of 1 10:20AM

And When Recorded Mail To:
LANDAMERICA DEFAULT SERVICES
P.O. BOX 25088
SANTA ANA, CA 92799

Space above for Recorder's use

FULL RECONVEYANCE

Loan#: 0041466020 RLS#: 118636



THE UNDERSIGNED, as trustee under that certain deed of trust described below, conveying real property situated in said county and more fully described in said Deed Of Trust, having received from the beneficiary under said deed of trust a written request to reconvey, reciting that the obligation secured by said deed of trust has been fully paid and performed, hereby does grant, bargain, sell, and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described premises by virtue of said deed of trust.

Original Grantor: RONALD D. FISHER AND SUSAN J. FISHER, HUSBAND AND WIFE

Original Grantee: AMERIQUEST MORTGAGE COMPANY

Current Beneficiary: AMERIQUEST MORTGAGE COMPANY

Deed Of Trust Dated: DECEMBER 18, 2002

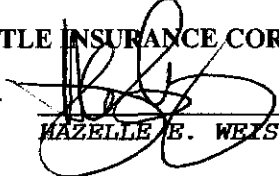
Recorded on: JANUARY 08, 2003 as Instrument No. ~~20030080059~~ 200301080059 in Book No.

--- at Page No. ---

Property Address: 22252 SHADY LN, MOUNT VERNON, WA 98274-0000 County of SKAGIT, State Of WASHINGTON.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument, if the undersigned is a corporation, it has caused its corporate name to be signed hereunto by its officer duly authorized thereunto by order of its Board of Directors. Dated: APRIL 08, 2004

LAWYERS TITLE INSURANCE CORPORATION

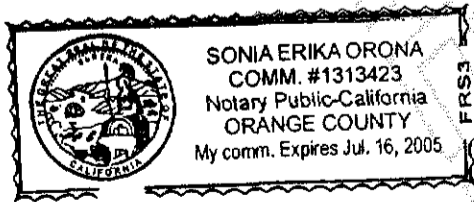
By: 
HAZELLE E. WEISSINGER, ASST. VICE-PRESIDENT

State of CALIFORNIA)
County of ORANGE) ss.

On APRIL 08, 2004, before me, SONIA ERIKA ORONA, personally appeared HAZELLE E. WEISSINGER, ASST. 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(ies) and that by his/her/their signature(s) 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.


(Notary Name): SONIA ERIKA ORONA



Recording Requested By:
LANDAMERICA DEFAULT SERVICES