

When Recorded Return To:

SHERRON BOWERS
SUNTRUST MORTGAGE, INC.
PAYOFF DEPT RVW 3013
P. O. BOX 27406
RICHMOND, VA 23286-9437



200412270039
Skagit County Auditor

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Deed of Reconveyance

SUNTRUST MORTGAGE, INC. #:0132273988 "FRANULOVICH" Lender ID:F12/1687433706 Skagit, Washington
WHEREAS RELEASE SYSTEMS, INC. is the present Trustee of record under the following described Deed of Trust:

Trustor: ANDREA M. FRANULOVICH, FORMERLY KNOWN AS ANDREA BELTRAMINI AND MARIJA Z
FRANULOVICH, EACH AS THEIR SEPARATE ESTATE

Beneficiary: SUNTRUST MORTGAGE, INC.

Original Beneficiary: PEOPLES BANK

Original Trustee: FIRST AMERICAN TITLE

Dated: 03/10/2003 Recorded: 03/17/2003 in Book/Reel/Liber: XX Page/Folio: XX as Instrument No.:
200303170092 In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 4429 GLASGOW WAY, ANACORTES, WA 98221

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 RELEASE SYSTEMS, INC. as Trustee
On 11-15-2004

LANCE N. WESSELL, PRESIDENT

STATE OF OREGON
COUNTY OF WASHINGTON

On 11-15-2004, before me, DONNA M HANSON, a Notary Public in and for
WASHINGTON COUNTY in the State of OREGON, personally appeared
LANCE N. WESSELL, 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,

Donna M Hanson
Notary Expires: / /



(This area for notarial seal)