

When Recorded Return To:
LoanCare Servicing Center, Inc
PO Box 8068
Virginia Beach, VA 23450-



200502170018
Skagit County Auditor
2/17/2005 Page 1 of 1 9:49AM

DEED OF RECONVEYANCE

LoanCare Servicing Center, Inc. #:1792787 "KNIGHT" ID:491056/1682551000 Agt:4702441585 Skagit, WA

MERS #: 1000920-4702441585-1 VRU #:

WHEREAS RELEASE SYSTEMS, INC is the present Trustee of record under the following described Deed of Trust:

Trustor: RON L KNIGHT & KELLY A. KNIGHT HUSBAND AND WIFE,
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC, AS NOMINEE
FOR THE BENEFICIAL OWNER FREEDOM MORTGAGE CORPORATION
Original Beneficiary: WEBSTER BANK
Original Trustee: FIRST AMERICAN TITLE INSURANCE COMPANY
Dated: 08/06/2002
Recorded on 08/12/2002 as Instrument No. 200208120009
In the County of SKAGIT, State of WASHINGTON

Property Address: 17682 TIFFANY WAY, MOUNT VERNON, WA, 98274

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 1-6-2005 (DATE)

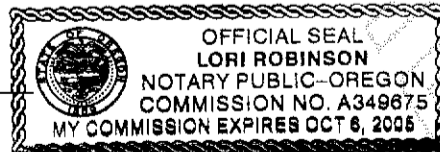
By: L N Wessell
LANCE N. WESSELL, PRESIDENT

STATE OF Oregon
COUNTY OF Washington

ON 1-6-05, before me, Lori Robinson, 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,

Lori Robinson
Notary Expires: / /



(This area for notarial seal)

LoanCare Servicing Center Inc. PO Box 8068, VA Beach, VA 23450
DMP-20040223-0013 WASKAGI SKAGIT WA BAT: 2569/1792787 KXWADOR1