

When Recorded Return To:

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



200505020084

Skagit County Auditor

5/2/2005 Page

1 of

1 9:39AM

Deed of Reconveyance

SUNTRUST MORTGAGE, INC. #0133034413 "PALMER" Lender ID:F13/1692561001 Skagit, Washington
WHEREAS RELEASE SYSTEMS, INC. is the present Trustee of record under the following described Deed of Trust:

Trustor: DANIELLE L PALMER AND THOMAS E PALMER, WIFE AND HUSBAND

Beneficiary: SUNTRUST MORTGAGE, INC.

Original Beneficiary: PEOPLES BANK

Original Trustee: FIRST AMERICAN TITLE

Dated: 07/21/2003 Recorded: 07/24/2003 as Instrument No.: 200307240012 In the Records of the County

Recorder of Skagit, State of Washington.

Property Address: 16035 MCLEAN RD, 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 RELEASE SYSTEMS, INC. as Trustee

On 4-4-2005

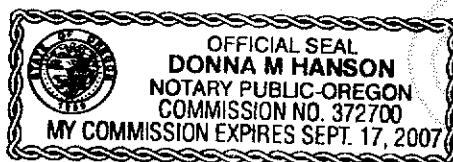
LANCE N. WESSELL, PRESIDENT

STATE OF Oregon
COUNTY OF Washington

On 4-4-2005, 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)