When Recorded Return To:

Michele Klein Aurora Loan Services Inc. P.O. Box 1706 Scottsbluff, NE 69363-1706



Deed of Reconveyance
AURORA LOAN SERVICES INC. #:0036548089 "HUGHES" Lender ID:F05/001/0036548089 Skagit, Washington
MERS #: 100025440002705611 VRU #: 1-888-679-6377

WHEREAS FIDELITY NATIONAL TITLE INSURANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: VINCE HUGHES AND CHERYL HUGHES ALSO SHOWN OF RECORD AS CHERYL F. HUGHES, HUSBAND AND WIFE

Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR LEHMAN BROTHERS BANK, FSB, A FEDERAL SAVINGS BANK IT'S SUCCESSORS AND ASSIGNS Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR LEHMAN BROTHERS BANK, FSB, A FEDERAL SAVINGS BANK IT'S SUCCESSORS AND ASSIGNS Original Trustee: FIRST AMERICAN TITLE CO OF SKAGIT COUNTY
Dated: 09/20/2005 Recorded: 09/23/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200509230077 In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 204 KAY AVE, BURLINGTON, WA 98233

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

By FIDELITY NATIONAL TITLE INSURANCE COMPANY as Trustee

VICE PRESIDENT

STATE OF

before me. a Notary Public in and for in the State of _______, personally appeared ______, personally appeared ______, personally appeared ______, personally known to me (or proved to me on the basis of , personally appeared

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.

WITHESS my hand and official seal,

ry Expires:/2/6/2009

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NINA L. DANIEL Notary Public - Georgia **Fulton County** My Comm. Expires Dec. 6, 2009

(This area for notarial seal)