When Recorded Return To:

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



2/23/2006 Page

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1 12:36PM

Deed of Reconveyance

Lender ID:C37/003/0017915760 Skagit, Washington AURORA LOAN SERVICES INC. #:0017915760 "CRUSE" MERS #: 100247000480017962 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: JAMES ALLEN CRUSE AND PATRICIA A. CRUSE, WHO ACQUIRED TITLE AS PATRICIA CRUSE,

HUSBAND AND WIFE Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR MYLOR FINANCIAL GROUP, INC., A CALIFORNIA CORPORATION IT'S SUCCESSORS AND ASSIGNS Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR MYLOR

FINANCIAL GROUP, INC., A CALIFORNIA CORPORATION IT'S SUCCESSORS AND ASSIGNS Original Trustee: LAND TITLE COMPANY OF SKAGIT COUNTY

Dated: 05/17/2004 Recorded: 05/24/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200405240186 In the Records of the County Recorder of Skagit, State of Washington. Property Address: 18751 CASCADE RIDGE CT, 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 FIDELITY NATIONAL TITLE INSURANCE COMPANY as Trustee on 2-16-06

VICE PRESIDENT OHDE . ASSIST

STATE OF COUNTY OF

06 before me, in the State of

a Notary Public in and for , personally appeared

JESSICA N. OHDE , ASSISTANT 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, 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.

S my hand and official seal,

ry Expires 2009

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

(This area for notarial seal)