

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



200602280032

Skagit County Auditor

2/28/2006 Page 1 of 1 9:05AM

Deed of Reconveyance

WASHINGTON MUTUAL - CLIENT 150 #:8002548785 "BELL" Lender ID:N32/001/1682188605 Skagit, Washington PIF:
02/01/2006

MERS #: 100015902635001892 VRU #: 1-888-679-6377

WHEREAS WASHINGTON RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trutor: THAD A BELL AND DIANA M BELL

Beneficiary: Mortgage Electronic Registration Systems, Inc.

Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR THE MORTGAGE FOUNDATION, L.P.

Original Trustee: LAND TITLE COMPANY

Dated: 01/29/2001 Recorded: 01/31/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200101310123 In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 1721 S 7TH ST, 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 WASHINGTON RECONVEYANCE COMPANY as Trustee
On February 22nd, 2006

D GREEN, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida
COUNTY OF Duval

On February 22nd, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared D GREEN, LIEN RELEASE ASSISTANT SECRETARY, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,

Notary Expires: 1/1



STATE OF FLORIDA

Shannon Macklin

Commission # DD428678

Expires May 11, 2009

Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)