

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



200605150093
Skagit County Auditor

5/15/2006 Page 1 of 1 11:13AM



Deed of Reconveyance

WASHINGTON MUTUAL - CLIENT 156 #:0673638094 "PARKER" Lender ID:R85/001/673638094 Skagit, Washington PIF: 05/01/2006

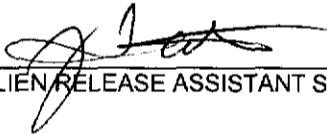
WHEREAS WASHINGTON RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: RAYMOND PHILLIP PARKER AND LINDA J PARKER
Beneficiary: WASHINGTON MUTUAL BANK
Original Beneficiary: WASHINGTON MUTUAL BANK, A WASHINGTON CORPORATION
Original Trustee: FIRST AMERICAN TITLE, A CALIFORNIA CORPORATION
Dated: 05/20/2004 Recorded: 06/01/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200406010210 In the Records of the County Recorder of Skagit, State of Washington.
Property Address: 1800 SKYLINE WAY #103, ANACORTES, WA 98221

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.

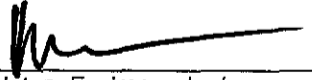
By WASHINGTON RECONVEYANCE COMPANY as Trustee
On May 11th, 2006


J TATE, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida
COUNTY OF Duval

On May 11th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared J TATE, 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: / /

 **Kim Mathys**
Commission # DD401905
Expires March 1, 2009
Bonded Troy Pain - Insurance, Inc. 500-586-7018

(This area for notarial seal)