

When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179



200612180079  
Skagit County Auditor

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**Deed of Reconveyance**

WASHINGTON MUTUAL - CLIENT 156 #: 0686649039 "FLICK" Lender ID: 011/060/0686649039 Skagit, Washington PIF: 12/05/2006

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

Trustor: ROBERT M FLICK A MARRIED MAN AS HIS SEPARATE ESTATE

Beneficiary: WASHINGTON MUTUAL BANK

Original Beneficiary: WASHINGTON MUTUAL BANK, A WASHINGTON CORPORATION

Original Trustee: CHICAGO TITLE

Dated: 12/31/2004 Recorded: 01/06/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200501060103 In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 15690 N DECEPTION SHORES DR, 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 December 9th, 2006

JOCELYN TATE, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida  
COUNTY OF Duval

On December 9th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared JOCELYN 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: 04/08

**Shilonda M. Peterson**  
Commission # DD386375  
Expires October 24, 2008  
Bonded Troy Pain - Insurance, Inc. 800-385-7018

(This area for notarial seal)