When Recorded Return To:

MICHELE THOMPSON Aurora Loan Services Inc. P.O. Box 1706 Scottsbluff, NE 69363-1706



12/28/2006 Page

1 10:21AM

Deed of Reconveyance

AURORA LOAN SERVICES INC. #:0031455462 "TAYLOR" Lender ID:N14/105/0328028533 Skagit, Washington MERS #: 100196210000043577 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: DORAINE R. TAYLOR AND DANIEL D. STIEBEN, TWO UNMARRIED INDIVIDUALS

Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR PACIFIC CREST

SAVINGS BANK IT'S SUCCESSORS AND ASSIGNS

Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR PACIFIC

CREST SAVINGS BANK IT'S SUCCESSORS AND ASSIGNS

Original Trustee: LAND TITLE COMPANY OF SKAGIT COUNTY

Dated: 11/08/2005 Recorded: 11/17/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200511170171 ReRecorded 05/19/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200605190130

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

Property Address: 413 - 415 S CHERRY STREET, 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 Trust.

TITLE INSURANCE COMPANY as Trustee

CE PRESIDENT

SHEILA LEONARD

a Notary Public in and for

in the State of

, personally appeared

in the State of Community appeared in the State of CAN. 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:

SS my hand and official seal,

SHEILA LEONARD Notary Public - Georgia **Fulton County**

My Comm. Expires Aug. 31, 2010

(This area for notarial seal)