

When Recorded Return To:

Washington Mutual
PO BOX 45179
JACKSONVILLE, FL 32232-5179



200702120065
Skagit County Auditor

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Deed of Reconveyance

WASHINGTON MUTUAL - CLIENT 908 #:3061186734 "FOWLER" Lender ID:A03/158/3061186734 Skagit, Washington PIF: 02/01/2007

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

Trustor: THOMAS G FOWLER AND JANET FRANKLIN FOWLER, WHO ACQUIRED TITLE AS JANET RAE FRANKLIN FOWLER, HUSBAND AND WIFE

Beneficiary: WASHINGTON MUTUAL BANK, FA
Original Beneficiary: WASHINGTON MUTUAL BANK, FA
Original Trustee: CHICAGO TITLE INSURANCE

Dated: 01/05/2006 Recorded: 01/17/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200601170128 In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 31457 S SKAGIT HWY, SEDRO WOOLEY, WA 98284

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 5th, 2007

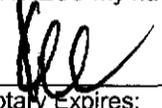


JOCELYN TATE, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida
COUNTY OF Duval

On February 5th, 2007, 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: / /

 **Kim Mathys**
Commission # DD401905
Expires March 1, 2009
Bonded Troy Pain - Insurance, Inc. 800-395-7019

(This area for notarial seal)