When Recorded Return To:

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



3/12/2007 Page

1 of

1 10:34AM

Deed of Reconveyance
AURORA LOAN SERVICES INC. #:0019225325 "WINGETT" Lender ID:E12/002/0019225325 Skagit, Washington MERS #: 100025440001958005 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: BYRON L WINGETT, AN UNMARRIED MAN, AS HIS SEPERATE ESTATE

Trustor: BYRON L WINGETT, AN UNMARRIED MAN, AS HIS SEPERATE ESTATE
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR LEHMAN
BROTHERS BANK, FSB, A FEDERAL SAVINGS BANK IT'S SUCCESSORS AND ASSIGNS
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR LEHMAN
BROTHERS BANK, FSB, A FEDERAL SAVINGS BANK IT'S SUCCESSORS AND ASSIGNS
Original Trustee: FIRST AMERICAN TITLE INSURANCE
Dated: 11/02/2004 Recorded: 11/09/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200411090152 In the Records of the County Recorder of Skagit, State of Washington. Property Address: 1012 22ND STREET, 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

NATIONAL TITLE INSURANCE COMPANY as Trustee

OHDE, ASSISTANT VICE PRESIDENT

STATE OF COUNTY OF

lo, before me,

in the State of Georgia, a Notary Public in and for MEGRA

JESSICA N. 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.

WITNESS my hand and official seal,

(This area for notarial seal)

GAN MISA COUNT

Megan Miskeli **NOTARY PUBLIC Fulton County** State of Georgia My Commission Expires June 14, 2008