

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



200703270053
Skagit County Auditor

3/27/2007 Page 1 of 1 10:03AM



Deed of Reconveyance

WASHINGTON MUTUAL - CLIENT 156 #:0664379583 "SOUTH" Lender ID:530/093/1695159485 Skagit, Washington PIF:
03/19/2007

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

Trustor: ROBERT J SOUTH AND CHRISTINA M SOUTH HUSBAND AND WIFE

Beneficiary: WASHINGTON MUTUAL BANK

Original Beneficiary: WASHINGTON MUTUAL BANK, A WASHINGTON CORPORATION

Original Trustee: LAND TITLE COMPANY - MT. VERNON, A WASHINGTON CORPORATION

Dated: 01/28/2004 Recorded: 01/30/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200401300162 In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 1103 BENNETT, SEDRO WOOLLEY, 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 March 22nd, 2007


JOCELYN TATE, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida
COUNTY OF Duval

On March 22nd, 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: / /



Miriam E. Hapner
Commission # DD365383
Expires October 24, 2008
Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)