When Recorded Return To:

RAYMOND J OULD 1310 33RD ST ANACORTES, WA 98221



10/18/2007 Page

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110:04AM

Deed of Reconveyance

WFHM - CLIENT 936 #:0629602251 "OULD" Lender ID:760001/0991189086 Skagit, Washington MERS #: 100159600000077937 VRU #: 1-888-679-6377

WHEREAS WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION is the present Trustee of record under the following described Deed of Trust:

Trustor: RAYMOND J. OULD AND EVA.R. OULD, HUSBAND AND WIFE

Beneficiary: Mortgage Electronic Registration Systems, Inc.

Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.

Original Trustee: FIDELITY NATIONAL TITLE INSURANCE COMPANY

Dated: 06/18/2003 Recorded: 06/23/2003 in Book/Reel/Liber: NA Page/Folio: NA as Instrument No.: 200306230070 In the Records of the County Recorder of Skagit, State of Washington. Property Address: 2019 MEADOWS LANE, 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 WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION as Trustee On October 12th, 2007

DAVID JEFFREY . TITLE OFFICER

STATE OF Wisconsin **COUNTY OF Milwaukee**

Notary Expires: 517

On October 12th, 2007, before me, a Notary Public in and for Milwaukee County in the State of Wisconsin, personally appeared DAVID JEFFREY, TITLE OFFICER, 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,

3001

SUSAN ZIERVOGEL NOTARY PUBLIC STATE OF WISCONSIN

(This area for notarial seal)