

When Recorded Return To:

Washington Mutual
PO BOX 45179
JACKSONVILLE, FL 32232-5179



200712170073
Skagit County Auditor

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Deed of Reconveyance

WASHINGTON MUTUAL - CLIENT 908 #:0608574877 "ALLISTER" Lender ID:F25/969/1687015214 Skagit, Washington PIF:
12/10/2007
MERS #: 100136401000014774 VRU #: 1-888-679-6377

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

Trustor: CORRI T ALLISTER, AN UNMARRIED PERSON AS HER SOLE AND SEPARATE PROPERTY
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR NETWORK MORTGAGE SERVICES, INC.
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR NETWORK MORTGAGE SERVICES, INC.
Original Trustee: FIRST AMERICAN TITLE INSURANCE CO.
Dated: 10/11/2002 Recorded: 10/21/2002 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200210210015 In the Records of the County Recorder of Skagit, State of Washington.
Property Address: 910 MAPLE STREET, 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.

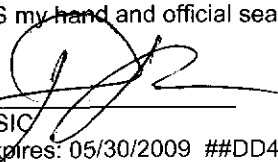
By CALIFORNIA RECONVEYANCE COMPANY as Trustee
On December 12th, 2007


GREGORIO T MINIANO, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida
COUNTY OF Duval

On December 12th, 2007, before me, D. PEKUSIC, a Notary Public in and for Duval in the State of Florida, personally appeared GREGORIO T MINIANO, LIEN RELEASE ASSISTANT SECRETARY, 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,


D. PEKUSIC
Notary Expires: 05/30/2009 ##DD435407



D. Pekusic
Commission # DD435407
Expires May 30, 2009
Bonded Troy Fair - Insurance, Inc. 800-385-7019

(This area for notarial seal)