

When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179



200803170063  
Skagit County Auditor

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**Deed of Reconveyance**

WASHINGTON MUTUAL - CLIENT 150 #:8437090551 "CASSIDY" Lender ID:D86/128/1681042972 Skagit, Washington PIF:  
02/14/2008

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

Trustor: LISA M CASSIDY  
Beneficiary: WASHINGTON MUTUAL BANK, FA  
Original Beneficiary: WASHINGTON MUTUAL BANK, FA  
Original Trustee: ISLAND TITLE COMPANY  
Dated: 04/04/2002 Recorded: 04/15/2002 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:  
200204150206 In the Records of the County Recorder of Skagit, State of Washington.  
Property Address: 965 SUMMER MEADOWS CT, 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.

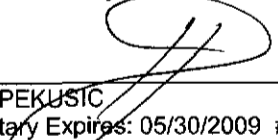
By CALIFORNIA RECONVEYANCE COMPANY as Trustee  
On March 7th, 2008

  
GREGORIO T MINIANO , LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida  
COUNTY OF Duval

On March 7th, 2008, 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 Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)