

When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179



200811050013  
Skagit County Auditor

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**Deed of Reconveyance**

WASHINGTON MUTUAL - CLIENT 150 #:8002661836 "SCHUMACHER" Lender ID:F08/554/1678072637 Skagit, Washington PIF:  
10/02/2008  
MERS #: 100015902202016182 VRU #: 1-888-679-6377

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

Trustor: SARAH EVA SCHUMACHER  
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR CTX MORTGAGE COMPANY  
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR CTX MORTGAGE COMPANY  
Original Trustee: CHICAGO TITLE/ISLAND TITLE  
Dated: 06/19/2001 Recorded: 06/29/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200106290183 In the Records of the County Recorder of Skagit, State of Washington.  
Property Address: 1201 6TH ST, 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 October 29th, 2008

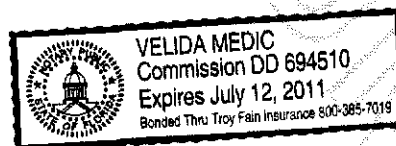
  
GREGORIO T. MINIANO, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida  
COUNTY OF Duval

On October 29th, 2008, before me, VELIDA MEDIC, 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,

  
VELIDA MEDIC  
Notary Expires: 07/12/2011 #DD 694510



(This area for notarial seal)