When Recorded Return To:

THEODORE SCHULTZ Aurora Loan Services Inc. 2617 COLLEGE PARK P.O. BOX 1706 Scottsbluff, NE 69363-1706



4/13/2009 Page

1 of

1 9:57AM

<u>Deed of Reconveyance</u> TREBE" Lender ID:J19/004/0010231823 Skagit, Washington AURORA LOAN SERVICES INC. #:0021482989 "STREBE MERS #: 100062604259171769 VRU #: 1-888-679-6377

WHEREAS FIDELITY NATIONAL TITLE INSURANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: GLEN W. STREBE, AN UNMARRIED MAN, AS HIS SEPARATE ESTATE

Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR HOMECOMINGS

FINANCIAL NETWORK, INC. IT'S SUCCESSORS AND ASSIGNS

Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR

HOMECOMINGS FINANCIAL NETWORK INC. IT'S SUCCESSORS AND ASSIGNS Original Trustee: CHICAGO TITLE COMPANY SLAND DIVISION

Dated: 10/26/2005 Recorded: 11/02/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200511020097 In the Records of the County Recorder of Skagit, State of Washington. Property Address: 5934 CENTRAL AVE, 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 FIDELITY NATIONAL TITLE INSURANCE COMPANY as Trustee On 3/30/09

ASSISTANT VICE PRESIDENT

STATE OF COUNTY OF

3/30/09 before me, SHAWANNA CRITE in the State of _____

, a Notary Public in and for

JESSICA N. OHDE , ASSISTANT VICE PRESIDENT, 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 Fulton 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,

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Shawanna Crite **NOTARY PUBLIC Fulton County** State of Georgia

My Commission Expires (This area for notarial seal)

March 12, 2013