When Recorded Return To:

THEODORE SCHULTZ AURORA LOAN SERVICES LLC. 2617 COLLEGE PARK P.O. BOX 1706 Scottsbluff, NE 69363-1706



12/28/2009 Page

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8:55AM

Deed of Reconveyance

Lender ID:J08/004/0010974445 Skagit, Washington AURORA LOAN SERVICES LLC: #:0021871975 "BOWES" MERS #: 100062604707074078 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: DONALD E BOWES AND CAROL L BOWES, HUSBAND AND WIFE

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

Dated: 09/12/2006 Recorded: 09/15/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200609150182 In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 2813 WASHINGTON BLVD, 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 12-17-09

N. OHDE , ASSISTANT VICE PRESIDENT

GA STATE OF COUNTY OF Fulton

On 12-17-09 before me,

ALICIA V. WILLIAMS in the State of 61

WILLIAM

, a Notary Public in and for , personally appeared

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 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,

Notary Expires: 4/)/20/2

Alicia V. Williams NOTARY PUBLIC **Fulton County** State of Georgia My Commission Expires

April 7, 2012

(This area for notarial seal)