



201006010075

Skagit County Auditor

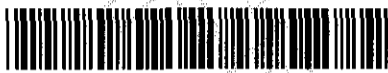
6/1/2010 Page

1 of

1 9:05AM

When recorded mail to:
FA Document Solutions
450 E. Boundary St
Chapin, SC 29036

This space for Recorder's use



Case Nbr: 10423143 7/10/2010

Ref Number: 8014591500

Property Address:

4301 KINGSWAY

ANACORTES, WA 98221

Tax ID: 4600-000-012-0001

WA0-R-ST

5/24/2010

Recording Requested By:
Navy Federal Credit Union
Prepared By:
Sandra Williams
888-603-9011
450 E. Boundary St.
Chapin, SC 29036

SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

NAVY FEDERAL CREDIT UNION, the present beneficiary for the Deed of Trust described below, does hereby substitute **FIRST AMERICAN TITLE INSURANCE COMPANY** as Trustee under said Deed of Trust in place of **CHICAGO TITLE COMPANY - ISLAND DIVISION**.

FIRST AMERICAN TITLE INSURANCE COMPANY, the present trustee under the Deed of Trust described below, in consideration of full payment and satisfaction of the debt secured thereunder, does hereby reconvey, without warranty, to the person(s) legally entitled thereto all of the estate, title and interest under the Deed of Trust described below:

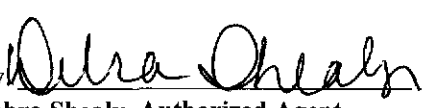
Original Lender: **NAVY FEDERAL CREDIT UNION**
Made By: **BRIAN S FARLEY AND PATRICIA L FARLEY, HUSBAND AND WIFE**
Original Trustee: **CHICAGO TITLE COMPANY - ISLAND DIVISION**
Date of Deed of Trust: **5/29/2007**
Loan Amount: **\$383,150.00**

Recorded in Skagit County, WA on: **5/31/2007**, book **N/A**, page **N/A** and instrument number **200705310181**

IN WITNESS WHEREOF, the undersigned has caused this Substitution of Trustee and Deed of Reconveyance to be executed on **5/24/2010**

NAVY FEDERAL CREDIT UNION**FIRST AMERICAN TITLE INSURANCE COMPANY**

By:


Debra Shealy, Authorized Agent

By:


Ronald E. Rooney, Vice President

State of South Carolina, County of Lexington

On **5/24/2010**, before the undersigned Notary Public, personally appeared **Debra Shealy, Authorized Agent** of **NAVY FEDERAL CREDIT UNION** and **Ronald E. Rooney, Vice President** of **FIRST AMERICAN TITLE INSURANCE COMPANY** 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 document and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the document the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.


Notary Public**PEGGY D. WILLIAMS**

Notary Public

State of South Carolina

My Commission Expires February 17, 2015