When Recorded Return To:

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



4/22/2011 Page

1 of 1 9:19AM

<u>Deed of Reconveyance</u> RITZ" Lender ID:N35/245/1702888250 Skagit, Washington AURORA LOAN SERVICES LLC. #:0033617887 "FRITZ" MERS #: 100196800030728377 VRU #: 1-888-679-6377

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

Trustor: WILLIAM J. FRITZ AND LOUISE A FRITZ, HUSBAND AND WIFE Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR HOME LOAN CENTER, INC., DBA LENDINGTREE LOANS IT'S SUCCESSORS AND ASSIGNS

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

LOĂN CENTER, INC, DBA LENDINGTREE LOANS IT'S SUCCESSORS AND ASSIGNS

Original Trustee: T.D. ESCROW SERVICES, INC., DBA T.D. SERVICE COMPANY

Dated: 11/27/2006 Recorded: 11/30/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200611300164 in the Records of the County Recorder of Skagit, State of Washington.

Property Address: 14448 ASHLEY PL, 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

By FIRST AMERICAN TITLE INSURANCE COMPANY as Trustee On 3/\$1/11

, VICE PRESIDENT

STATE OF South Carolina COUNTY OF Lexington

3.3人 Kerry L. Franklin a Notary Public in , before me, and for Lexington County in the State of South Carolina, personally appeared RONALD E. ROONEY, 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:

KERRY FRANKLIN

Notary Public State of South Carolina My Commission Expires 05/13/2019

(This area for notarial seal)