

**Return Address:**  
**Theresa Booth**  
**Richmond Monroe Group**  
**PO Box 458**  
**Kimberling City, MO 65686**



201106270055  
Skagit County Auditor

6/27/2011 Page 1 of 2 9:27AM

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

**Document Title(s)** (or transactions contained therein): (all areas applicable to your document must be filled in)  
**Community Mental Health Services/003125804**

**1. Deed of Reconveyance**

**Reference Number(s) of Documents assigned or released:**  
**Deed of Trust recorded 04/05/2001, Auditor # 200104050109**  
Additional reference #'s on page \_\_\_\_\_ of document

**Grantor(s)** (Last name, first name, initials)  
**1. George C. Reinmiller Trustee, Inc.**  
Additional names on page \_\_\_\_\_ of document.

**Grantee(s)** (Last name first, then first name and initials)  
**1. Community Mental Health Services**  
Additional names on page \_\_\_\_\_ of document.

**Legal description** (abbreviated: i.e. lot, block, plat or section, township, range)  
\_\_\_\_\_  
Additional legal is on page \_\_\_\_\_ of document.

**Assessor's Property Tax Parcel/Account Number** ☐ Assessor Tax # not yet assigned

The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information provided herein.

I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

\_\_\_\_\_  
Signature of Requesting Party

When Recorded Return To:

THERESA BOOTH  
RICHMOND MONROE GROUP  
PO BOX 458  
KIMBERLING CITY, MO 65686

**Deed of Reconveyance**

BANK OF AMERICA, N.A. # 003125804 "COMMUNITY MENTAL HEALTH SERVICES" Skagit, Washington  
WHEREAS GEORGE C REINMILLER TRUSTEE, INC. is the present Trustee of record under the following  
described Deed of Trust:

Trustor: COMMUNITY MENTAL HEALTH SERVICES, A WASHINGTON NON-PROFIT CORPORATION  
Beneficiary: BANK OF AMERICA, N.A., a National Banking Association  
Original Beneficiary: BANK OF AMERICA, N.A.  
Original Trustee: PRLAP, INC.  
Dated: 03/28/2001 Recorded: 04/05/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:  
200104050109 In the Records of the County Recorder of Skagit, State of Washington.

-SUBORDINATION AGREEMENT Dated: 03/28/2001 Recorded: 04/05/2001 as Instrument No.:  
200104050111, between COMMUNITY MENTAL HEALTH SERVICES, A WASHINGTON NON-PROFIT  
CORPORATION ("OWNER"), REGENCE BLUESHIELD, A WASHINGTON CORPORATION ("SUBORDINATOR")  
and BANK OF AMERICA, N.A.

Property Address: 1100 SOUTH 2ND STREET, MOUNT VERNON, WA 98273

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 GEORGE C REINMILLER TRUSTEE, INC. as Trustee  
On 06/23/2011

  
GEORGE C. REINMILLER, PRESIDENT

STATE OF Oregon  
COUNTY OF Multnomah

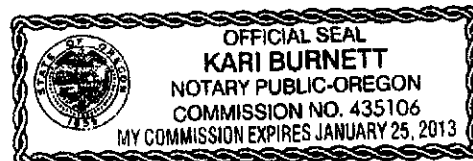
On 06/23/2011 before me, Kari Burnett, a Notary Public in and for  
Multnomah in the State of Oregon, personally appeared \*  
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s)  
is/are subscribed to the within instrument and acknowledged to me that he/she/they executed, signed, sealed, and  
delivered 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

\*George C Reinmiller, President

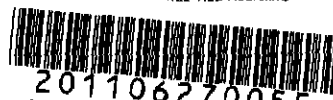
WITNESS my hand and official seal,

  
Notary Expires: / /

(This area for notarial seal)



\*GEH\*GLHAMRC\*06/09/2011 08:07 50 AM\* AMRC58AMRC0000000000000004727



201106270055  
Skagit County Auditor

6/27/2011 Page

2 of 2 9:27AM