

11/7/2011 Page

1 10:58AM

When recorded mail to: CoreLogic 450 E. Boundary St. Chapin, SC 29036

This space for Recorder's use

Case Nbr: 16183132 Ref Number: 1008364026

Tax ID:

340421-3-038-0200,

12/15/2011

Property Address: 2909 E SECTION ST

MOUNT VERNON, WA 98274

WA0-RDT 16183132

11/2/2011

Recording Requested By:

One West Bank Prepared By: Debora C. Cox 888-603-9011 450 E. Boundary St.

Chapin, SC 29036

MIN #: 100055401241432253

MERS Phone #: 888-679-6377

DEED OF RECONVEYANCE

FIRST AMERICAN TITLE INSURANCE COMPANY, the present holder of 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:

INDYMAC BANK, F.S.B., A FEDERALLY CHARTERED SAVINGS

BANK

Made By:

PHILIP G. BELL AND DEBRA A BELL HUSBAND AND WIFE

Original Trustee:

FIRST AMERICAN TITLE INSURANCE CO.

Date of Deed of Trust:

9/12/2006

Loan Amount:

\$90,000.00

Recorded in Skagit County, WA on: 9/15/2006, book N/A, page N/A and instrument number 200609150069

Property Legal Description:

THE LAND REFERRED TO IN THIS REPORT/POLICY IS SITUATED IN THE STATE OF WASHINGTON, COUNTY OF SKAGIT, AND IS DESCRIBED AS FOLLOWS: LOT 2 OF MOUNT VERNON SHORT PLAT NO. 4-95, APPROVED JULY 28, 1995, RECORDED JULY 28, 1995 IN VOLUME 12 OF SHORT PLATS, PAGES 7 AND 8, UNDER AUDITORS FILE NO. 9507280019, RECORDS OF SKAGIT COUNTY, WASHINGTON, BEING A PORTION OF THE SOUTHEAST 1/4 OF THE SOUTHWEST 1/4, SECTION 21, TOWNSHIP 34 NORTH, RANGE 4 EAST, W.M.

IN WITNESS THEREOF, the undersigned has caused this Deed of Reconveyance to be executed on

FIRST AMERICAN TITLE INSURANCE COMPANY

Ronald E. Roone Authorized Signatory . County of a Notary Public, personally before me. appeared Ronald E. Rooney, Authorized Signatory/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

My Commission Expires

BRANDY LATHROP

Notary Public State of South Carolina My Commission Expires 12/17/2013