201211050025
Skagit County Auditor
11/5/2012 Page 1 of 1 8:52AM

And When Recorded Mail To:
CoreLogic
450 E. Boundary St.
Chapin, SC 29036

Space above for Recorder's use

FULL RECONVEYANCE

MERS MIN#: **100052550241731131** PHONE#: **(888) 679-6377**
Customer#: **1** Service#: **127423RL1** +

Loan#: **9000756750** Case #: **19675759**

THE UNDERSIGNED, as trustee under that certain deed of trust described below, conveying real property situated in said county and more fully described in said Deed Of Trust, having received from the beneficiary under said deed of trust a written request to reconvey, reciting that the obligation secured by said deed of trust has been fully paid and performed, hereby does grant, bargain, sell, and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described premises by virtue of said deed of trust.
Original Grantor: **ROBERT E. KOOPS, AND CHERYL J. KOOPS, HUSBAND AND WIFE**
Original Grantee: **SKAGIT STATE BANK**
Current Beneficiary: **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC, ACTING SOLELY AS NOMINEE FOR SKAGIT STATE BANK, ITS SUCCESSORS AND ASSIGNS**
Deed Of Trust Dated: **JANUARY 02, 2009**
Recorded on: **JANUARY 09, 2009 as Instrument No. 200901090055 in Book No. --- at Page No. ---**

Property Address: **32698 LYMAN HAMILTON HWY, SEDRO WOOLLEY, WA 98284-0000** County of **SKAGIT**, State Of **WASHINGTON**.
IN WITNESS WHEREOF, the undersigned trustee has executed this instrument, if the undersigned is a corporation, it has caused its corporate name to be signed hereunto by its officer duly authorized thereunto by order of its Board of Directors. Dated: 10/25/12
FIRST AMERICAN TITLE INSURANCE COMPANY

By: _____
Mark Windham, Authorized Signatory

State of **SOUTH CAROLINA** }
County of **LEXINGTON** } ss.

On 10-25-12, before me, **Kerry Franklin**, a Notary Public, personally appeared **Mark Windham**, who 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(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of **SOUTH CAROLINA** that the foregoing paragraph is true and correct.
Witness my hand and official seal.

_____
(Notary Name): **Kerry Franklin**

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

Recording Requested By:
EVERBANK