When Recorded Return To:

Release Department LOANCARE, A DIVISION OF FNF SERVICING, INC PO Box 8068 Virginia Beach, VA 23450



3/28/2013 Page

1 of

8:56AM

Deed of Reconveyance

LOANCARE, A DIVISION OF FNF SERVICING, INC #:2653426 "BOWEN" Lender ID:491/1689605988 Skagit, Washington MERS #: 100021800045808900 SIS #: 1-888-679-6377

WHEREAS TRUSTEE SERVICES, INC. is the present Trustee of record under the following described Deed of

Trustor: TERRY L BOWEN AND BEVERLY F BOWEN HUSBAND AND WIFE AS COMMUNITY PROPERTY Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR FREEDOM MORTGAGE CORPORATION, ITS SUCCESSORS AND ASSIGNS

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

WASHTENAW MORTGAGE COMPANY, ITS SUCCESSORS AND ASSIGNS Original Trustee: CHICAGO TITLE COMPANY

Dated: 07/16/2003 Recorded: 07/28/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200307280370 In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 2206 37TH CT, 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 Trust.

By TRUSTEE SERVICES, INC. as Trustee On February 27th, 2013

TAMMIE L ORMEROD, ASSISTANT SECRETARY

STATE OF Washington **COUNTY OF Kitsap**

On February 27th, 2013, before me, KIMBER M. HAMM, a Notary Public in and for Kitsap in the State of Washington, personally appeared TAMMIE L ORMEROD , ASSISTANT SECRETARY, 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,

KIMBER M. HAMM

Notary Expires: 04/01/2016

NOTARY PUBLIC State of Washington KIMBER M HAMM MY COMMISSION EXPIRES 04/01/2016

(This area for notarial seal)