When Recorded Return To:



When recorded return to: CoreLogic 24776876 450 E Boundary St. Chapin, SC 29036

Skagit County Auditor 5/6/2013 Page

1 10:31AM

\$72.00

<u>Deed of Reconveyance</u>

M&T BANK #:0051644573:"KAŁKOSKE" Lender ID:P71/0501655425 Skagit, Washington MERS #: 100133700029545244 SIS #: 1-888-679-6377

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

Trustor: MICHAEL J KALKOSKE AND PATRICIA R KALKOSKE, HUSBAND AND WIFE Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS") AS NOMINEE FOR COUNTRYWIDE BANK, FSB
Original Trustee: LS TITLE OF WASHINGTON
Dated: 02/12/2008 Recorded: 02/21/2008 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200802210080 In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 50275 STATE ROUTE 20, CONCRETE, WA 98237-9493

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 FIRST AMERICAN TITLE INSURANCE COMPANY as Trustee On 4-22-13

AUREL W. KEEN , AUTHORIZED SIGNATORY

STATE OF South Carolina COUNTY OF Lexington

On <u>U-27-17</u>, before me, <u>James B Linimm</u>, a Notary Public in and for <u>Lexing Fon</u> in the State of South Carolina, personally appeared LAUREL W. KEEN, AUTHORIZED SIGNATORY, 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 hehalf of which the person(s) acted executed the instrument the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal,

Notary Expires: 12/ (/ と)

Notary Public State

JAMES B. KRIMM Notary Public

State of South Carolina

My Commission Expires 12/1/2021

(This area for notarial seal)