

When Recorded Return To:

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



201305070005

Skagit County Auditor

\$72.00

5/7/2013 Page

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1 8:32AM

**Deed of Reconveyance**

LOANCARE, A DIVISION OF FNF SERVICING, INC #:5945498 "OLLIFFE" Lender ID:482/1715188658 Skagit, Washington  
MERS #: 100073000847863917 SIS #: 1-888-679-6377

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

Trustor: JAKE OLLIFFE AND SUSAN OLLIFFE, HUSBAND AND WIFE  
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 FREEDOM MORTGAGE CORPORATION, ITS SUCCESSORS AND ASSIGNS  
Original Trustee: OLD REPUBLIC TITLE INSURANCE AGENCY, INC.  
Dated: 11/30/2011 Recorded: 12/12/2011 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 201112120087 In the Records of the County Recorder of Skagit, State of Washington.  
Property Address: 13874 POLARIS POINT LN, 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 April 23rd, 2013

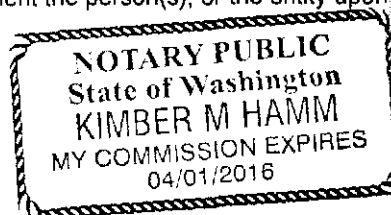
TAMMIE L ORMEROD, ASSISTANT SECRETARY

STATE OF Washington  
COUNTY OF Kitsap

On April 23rd, 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



(This area for notarial seal)