



Skagit County Auditor  
3/25/2015 Page 1 of 1 8:55AM \$72.00

WHEN RECORDED RETURN TO:  
Veristone  
6725 116th Ave NE, Suite 210  
Kirkland, WA 98033

Reference: 33314

Reconveyance Professionals Inc.

## Full Reconveyance

CUSTOMER RETURN ADDRESS:

The undersigned as trustee or successor trustee under that certain Deed of Trust described below :

|                              |   |                  |                       |
|------------------------------|---|------------------|-----------------------|
| Grantor(s)                   | : PropertyVest, LLC, a Washington Limited Liability Company | Loan Number      | : 2014.203 / 2014.497 |
| Trustee or Successor Trustee | : Reconveyance Professionals, Inc                           | Re-Recorded Date | :                     |
| Beneficiary(ies)             | : Veristone Fund I, LLC                                     | Re-Recorded AFN  | :                     |
| Deed of Trust Dated          | : 6/10/2014   | Modified Number  | : 201410230037        |
| Recorded Date                | : 7/10/2014   | Volume / Book    | : Page :              |
| Auditor's File No.           | : 201407100029  |                  |                       |
| County of                    | : Skagit  |                  |                       |
| State of                     | : Washington  |                  |                       |

Having received from the beneficiary under said Deed of Trust a written request to reconvey, reciting that the obligations secured by the Deed of trust have been fully satisfied, does hereby reconvey, without warranty, to the person(s) entitled thereto all of the right, title and interest now held by said trustee or successor trustee in and to the property described in said Deed of Trust.

Dated: 2/19/2015

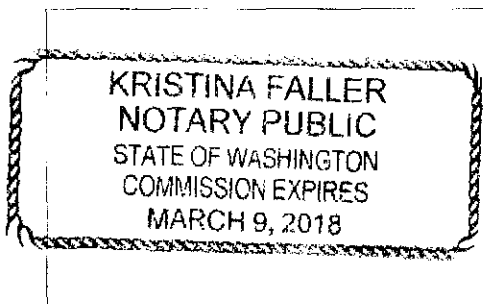
Reconveyance Professionals, Inc.

BY: James R. Hoagland, Secretary

STATE OF Washington

COUNTY OF Snohomish

I certify that I know or have satisfactory evidence that JAMES R. HOAGLAND signed this instrument, on oath stated that he was authorized to execute this instrument and acknowledged that as SECRETARY of RECONVEYANCE PROFESSIONALS, INC. to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.



Dated: 2/19/2015

Witness my hand and official seal,

Notary Name Kristina Faller

Notary in and for the state of: Washington

Residing at: Arlington

Notary Appointment Expires: 3/9/2018