

When Recorded Return To:

Release Department LØANCARE, LLC PO Box 8068 Virginia Beach, VA 23450

Skagit County Auditor 6/3/2015 Page

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\$72.00 8:36AM

W365321T

Deed of Reconveyance

LOANCARE, LLC #:000/16/389, "STEINKE" Lender ID:420/4009620189 Skagit, Washington MIN #: 100856800009564 83 SIS #: 1-888-679-6377

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

Trustor: AARON C. STEINKE AND PATRICIA STEINKE, HUSBAND AND WIFE Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR NETWORK CAPITAL FUNDING CORPORATION, NMLS#11712, ITS SUCCESSORS AND ASSIGNS Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR NETWORK CAPITAL FUNDING CORFORATION, NMLS#11712, ITS SUCCESSORS AND ASSIGNS Original Trustee: UNISOURCE INFORMATION SERVICES

Dated: 06/20/2013 Recorded: 06/28/2013 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

201306280084 In the Records of the County Recorder of Skagit, State of Washington. Property Address: 16862 ALLEN WEST RD, BOW, WA 98232

AND WHEREAS, the above said Deed of Trust has been paid in full;

NOW THEREFORE, the present Trustee having received from the present Beneficiary 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 May 27th, 2015

JACOB & HAMM , ASSISTANT SECRETARY

STATE OF Washington COUNTY OF Kitsap

on May 27th, 2015, before me, MATTHEW J. ORMEROD, a Notary Public in and for Kitsap in the State of Washington, personally appeared JACOB A. HAMM, 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,

MATTHEW J. ORMEROD

Notary Expires: 02/14/2018 #170767

NOTARY PUBLIC STATE OF WASHINGTON MATTHEW J. ORMEROD COMMISSION EXPIRES 02/14/2018

(This area for potarial seal)