When Recorded Return To:

Lien Release Dept Novad Management Consulting 2401 NW 23rd St. Suite 1AT Oklahoma City, OK 73107



Skagit County Auditor 7/18/2016 Page

\$74.00

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<u>Deed of Reconveyance</u>
Novad Management Consulting#: 566-1256790 "COUVION" Skagit, Washington WHEREAS T. D. SERVICE COMPANY OF WASHINGTON is the present Trustee of record under the following described Deed of Trust

Trustor: THOMAS G. COUNION and BARBARA JEAN COUVION, HUSBAND AND WIFE Beneficiary: Secretary of Housing and Urban Development by Novad Management Consulting, LLC as

Original Beneficiary: SECRETARY OF HOUSING AND URBAN DEVELOPMENT

Original Trustee: Senior official with responsibility for single family mortgage insurance program in the Department of Housing and Urban Development field office with jurisdiction over the property described below, or a designee of that official

Dated: 07-15-2014 Recorded: 07-21-2014 as instrument No. 201407210121, Book/Reel/Liber N/A, Page/Folio N/A In the Records of the County Recorder of Skagit, State of Washington.

Property Address: 3395 OLD HIGHWAY 99 NORTH ROAD, BURLINGTON, WA 98233

AND WHEREAS, the above said Deed of Frest 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

By: T. D. SERVICE COMPANY OF WASHINGTON as Trustee By: Michelle Tran. STATE OF _____ On July 1st, 2016, before me, , a Notary Public in and for the State of _____, personally appeared _____, 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, (This area for notarial seal) se attached

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of CALIFORNIA }
County of ORANGE }ss.

On <u>JUL 1 4 2016</u>, before me, G. GOMEZ, a Notary Public, personally appeared MICHELLE TRAN, who 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(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERIURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

(Notary Name): 6-/

G. GOMEZ
Commission # 2043355
Notary Public - California
Orange County
My Comm. Expires Sep 29, 2017