

When Recorded Return To:

Release Department
LOANCARE, LLC
P.O. BOX 8068
Virginia Beach, VA 23450-4968



201703300017

Skagit County Auditor \$73.00
3/30/2017 Page 1 of 1 9:19AM

W451280

Deed of Reconveyance

LOANCARE, LLC #:0013276654 "MCFARLAND" Lender ID:00AL4843CD/0214138679 Skagit, Washington
MIN #: 100336300020351778 SIS #: 1-888-679-6377

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

Trustor: JACOB MCFARLAND AND RACHEL MCFARLAND, HUSBAND AND WIFE
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), AS DESIGNATED NOMINEE FOR AMERICAN FINANCIAL RESOURCES, INC, BENEFICIARY OF THE SECURITY INSTRUMENT, ITS SUCCESSORS AND ASSIGNS
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR AMERICAN FINANCIAL RESOURCES, INC, ITS SUCCESSORS AND ASSIGNS
Original Trustee: TIMIOS INC.
Dated: 01/22/2015 Recorded: 02/02/2015 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 201502020117 In the Records of the County Recorder of Skagit, State of Washington.
Property Address: 5308 TIMBER RIDGE DRIVE, MOUNT VERNON, WA 98273

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 March 22nd, 2017


JACOB A. HAMM, ASSISTANT SECRETARY

STATE OF Washington
COUNTY OF Kitsap

On March 22nd, 2017, 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

(This area for notarial seal)

