



201803090016

When Recorded Return To:

LINDA JENNINGS
CITIZENS ONE HOME LOANS
P.O. BOX 6260
VAM 405
Glen Allen, VA 23058-9962

Skagit County Auditor

\$74.00

3/9/2018 Page

1 of

1 10:16AM



Deed of Reconveyance

45328

CITIZENS ONE HOME LOANS # XXXXXX3528 "THIONNET" Lender ID:047/8900503528 Skagit, Washington
WHEREAS RECONVEYANCE PROFESSIONALS, INC. is the present Trustee of record under the following described Deed of Trust:

Trustor: BRANDT M THIONNET AND FUYUKO THIONNET, HUSBAND AND WIFE
Beneficiary: CITIZENS BANK, N.A. E/K/A RBS CITIZENS, N.A.
Original Beneficiary: FIRST HORIZON HOME LOANS, A DIVISION OF FIRST TENNESSEE BANK N.A.
Original Trustee: LAND TITLE COMPANY
Dated: 07/12/2007 Recorded: 07/13/2007 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:
200707130204 ReRecorded 08/14/2007 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:
200708140012 In the Records of the County Recorder of Skagit, State of Washington.
Property Address: 4616 SHUKSAN STREET, 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 RECONVEYANCE PROFESSIONALS, INC. as Trustee
On 2-28-18


JAMES R. HOAGLAND, Secretary

STATE OF _____
COUNTY OF _____

On _____, before me, _____ a Notary Public in and for _____
_____, 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,

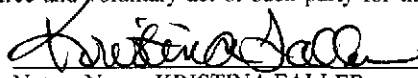
Notary Expires: / /

KRISTINA FALLER
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
MARCH 9, 2018

(This area for notarial seal)

State of WASHINGTON)
County of SNOHOMISH

On February 29, 2018 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..


Notary Name: KRISTINA FALLER
Notary Public in and for the State of WASHINGTON
Notary Expires: 03/09/2018