## 201808170020

When Recorded Return To:

M&T BANK 4TH FLOOR-LIEN RELEASE DEPT. PO BOX 5178 BUFFALO, NY 14240-9886

08/17/2018 10:16 AM Pages: 1 of 1 Fees: \$99.00 Skagit County Auditor

<u>Deed of Reconveyance</u>
M&T BANK #:0052950367 "HENDRICKSON" Lender ID:Q14/0203929475 Skagit, Washington MIN #: 100205010001311281 SIS #: 1-888-679-6377

WHEREAS NATIONWIDE TITLE CLEARING, INC. is the present Trustee of record under the following

Trustor: JUSTIN HENDRICKSON, A SINGLE PERSON, AS HIS SEPARATE RSTATE Irustor: JUSTIN HENDRICKSON, A SINGLE PERSON, AS HIS SEPARATE RSTATE Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), as designated nominee for ★, beneficiary of the security instrument, its successors and assigns Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS") AS DESIGNATED NOMINEE FOR GOLF SAVINGS BANK, A WASHINGTON STOCK SAVINGS BANK, BENEFICIARY OF THE SECURITY INSTRUMENT, ITS SUCCESSORS AND ASSIGNS Original Trustee: FIRST AMERICAN TITLE INSURANCE OF SKAGIT COUNTY Dated: 12/21/2009 Recorded: 12/29/2009 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200912290108 in the Records of the County Recorder of Skagit, State of Washington.

Property Address: 2906 DAVID PLACE, 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

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 NATIONWIDE TITLE CLEARING, INC. as Trustee On 8-9-2018 & Golf Savings Bank, A Washington Stack Saving & Bank Francis DeNardo VP STATE OF Florida COUNTY OF PINEILOS On 8/9/18\_, before me, Day Sea Sevy\_, a Notary Public in and for NTC\_\_\_\_\_in the State of Flonda\_\_\_, personally appeared From S\_\_\_\_\_\_ 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. ALYSSA SAY

WITNESS my hand and official seal,

NOTARY PUBLIC STATE OF FLORIDA COMM# GG167252 EXPIRES: 10/2/2018

Notary Expires: 10/2/18

(This area for notarial seal)