08/26/2019 08:41 AM Pages: 1 of 1 Fees: \$103.50

Skagit County Auditor, WA

When Recorded Return To:

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

Deed of Reconveyance
M&T BANK #:0101514263 "TRAHAN" Lender ID:Q92/0218070876 Skagit, Washington MIN #: 100616600040353675 SIS #: 1-888-679-6377

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

described Deed of Trust:

Trustor: NICOLE TRAHAN AND KENNETH TRAHAN, WIFE AND HUSBAND Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), as designated nominee

for A, beneficiary of the security instrument, its successors and assigns
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS") AS DESIGNATED
NOMINEE FOR BAY EQUITY LLC, BENEFICIARY OF THE SECURITY INSTRUMENT, ITS SUCCESSORS

AND ASSIGNS

Original Trustee: CHICAGO TITLE

Dated: 09/17/2016 Recorded: 09/20/2016 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 201609200072 In the Records of the County Recorder of Skagit, State of Washington. Property Address: 820 PYRAMID PEAK PL, 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 nominee for the 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,

Day

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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 _*B/30/2019*_

arky Maliet

STATE OF Florida COUNTY OF Pine LLAS

On \$2019 before me. Utility Inhindge, a Notary Public in and for Pinellas in the State of Fibrial personally appeared Party Malifet, 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.

DESTINY TROWBRIDGE NOTARY PUBLIC STATE OF FLORIDA COMM# GG335605 EXPIRES: 5/16/2023

(This area for notarial seal)