

When Recorded Return To:

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

*W619065 FE*

**Deed of Reconveyance**

LOANCARE, LLC #:0028148161 "GEMIN" Lender ID:4EX/4010610947 Skagit, Washington  
MIN #: 100336300001074217 SIS #: 1-888-679-6377

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

Trustor: ERIC GEMIN AND EMILY GEMIN HUSBAND AND WIFE  
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), AS DESIGNATED NOMINEE FOR MORTGAGE CAPITAL ASSOCIATES BENEFICIARY OF THE SECURITY INSTRUMENT, ITS SUCCESSORS AND ASSIGNS  
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR MORTGAGE CAPITAL ASSOCIATES SUCCESSORS AND ASSIGNS  
Original Trustee: FIRST AMERICAN TITLE INSURANCE COMPANY  
Dated: 11/26/2014 Recorded: 12/02/2014 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 201412020032 In the Records of the County Recorder of Skagit, State of Washington.  
Property Address: 19343 WILDES CREEK LANE, BURLINGTON, WA 98233

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,  
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 23rd, 2020

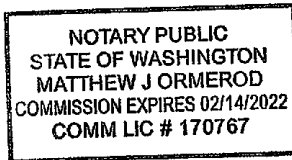
  
\_\_\_\_\_  
JACOB HAMM, ASSISTANT VICE PRESIDENT

STATE OF Washington  
COUNTY OF Kitsap

On March 23rd, 2020, before me, MATTHEW J. ORMEROD, a Notary Public in and for Kitsap in the State of Washington, personally appeared JACOB HAMM, ASSISTANT VICE PRESIDENT, 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: 02/14/2022 #170767



(This area for notarial seal)