



202006160017

08/16/2020 08:45 AM Pages: 1 of 1 Fees: \$103.50
Skagit County Auditor

When Recorded Mail To:
Indecomm Global Services
1260 Energy Lane
St. Paul, MN 55108

Full Reconveyance

KNOW ALL MEN BY THESE PRESENTS, that the undersigned Trustee or successor Trustee, **First American Title Insurance Company** under that certain Deed of Trust described below, having received from the Beneficiary under said Deed of Trust a written request to reconvey, reciting that the obligation secured by said Deed of Trust has been fully paid and performed, hereby does grant, bargain, sell and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said below described premises by virtue of said Deed of Trust.

Borrowers: **NOEL R BACA / KIMBERLY B BACA**
Original Beneficiary: **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC (MERS), as designated nominee for MORTGAGE CAPITAL ASSOCIATES, INC , beneficiary of the security instrument, its successors and assigns, whose address is P.O. Box 2026, Flint MI 48501-2026**
Original Trustee: **GUARDIAN NORTHWEST TITLE & ESCROW**
Loan Amount: **\$417000.00**
Date of Deed of Trust: **June 3, 2015**
Date Recorded: **June 8, 2015**
Book/Page:
Document Number: **201506080150**
And recorded in the official records of **Skagit County, State of Washington**

IN WITNESS WHEREOF, the undersigned has caused these presents to be executed on this date of 6/2/20



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1426 5/26/2020 81574759/2

First American Title Insurance Company

By: [Signature]
Agent [Signature], Authorized

State of **Utah** , County of **Salt Lake**

On this date of 6/2/20 before me, the undersigned authority, a **Notary Public** duly commissioned, qualified and acting within and for the aforementioned State and County, personally appeared the within named [Signature] known to me (or identified to me on the basis of satisfactory evidence) that he/she is the **Authorized Agent** respectively of **First American Title Insurance Company** and is duly authorized in his/her respective capacity to execute the foregoing instrument for and in the name and on behalf of said corporation and that said corporation executed the same, and further stated and acknowledged that he/she had so signed, executed and delivered said instrument for the consideration, uses and purposes therein mentioned and set forth.

WITNESS my hand and official seal on the date hereinabove set forth.

[Signature]
[Signature] Notary Public

My Commission Expires: 5/28/23

Prepared By: Usha Achari
PHH Mortgage Services
1 Mortgage Way, MS SV03
Mt. Laurel, New Jersey USA 08054-5452
Loan#: 7210175738
Invoice#: E3287051
CostCenter#: BL
Package#: 81574759
Document#: ~~7312378~~ 7314947
MIN: 100133010007539643
MERS Phone: 1-888-679-6377

