



**202101110218**

01/11/2021 10:28 AM Pages: 1 of 1 Fees: \$103.50  
Skagit County Auditor

WHEN RECORDED MAIL TO:  
FIRST AMERICAN MORTGAGE SOLUTIONS  
1795 INTERNATIONAL WAY  
IDAHO FALLS, ID 83402  
PH. 208-528-9895

## DEED OF RECONVEYANCE

**WASHINGTON**  
COUNTY OF SKAGIT  
LOAN NO.: 2900101346

*RECORD 2ND*



PARCEL NO. P109594

LEGAL DESCRIPTION: PTN OF NE 1/4 OF SE 1/4 OF S 31 & PTN OF GOVT LOT 6, S 32, T36N, R11E

THE UNDERSIGNED, **FIRST AMERICAN TITLE INSURANCE COMPANY**, located at 1 **FIRST AMERICAN WAY, SANTA ANA, CA 92707**, as Trustee, Successor Trustee, or Substitute Trustee, under that certain Deed of Trust dated **NOVEMBER 28, 2011**, executed by **VICTOR F. GAGE AND SHARLENE A. GAGE, HUSBAND AND WIFE**, Trustor, to **U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION**, Original Trustee, for the benefit of **U.S. BANK NATIONAL ASSOCIATION N.D.**, Original Beneficiary, and recorded on **DECEMBER 30, 2011** as Auditor's File No. **201112300005**, in the Records of the County Auditor's Office for **SKAGIT** County, State of **WASHINGTON**.

PROPERTY ADDRESS: **61117 STATE ROUTE 20, MARBLEMOUNT, WA 98267**

WHEREAS, the Undersigned received from **U.S. BANK NATIONAL ASSOCIATION N.D.**, the Beneficiary of 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, does hereby grant, bargain, and convey, 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 described premises by virtue of said Deed of Trust.

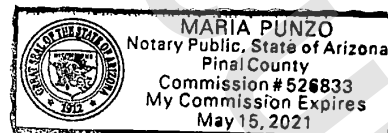
IN WITNESS WHEREOF, the undersigned has caused this Instrument to be executed on **DECEMBER 22, 2020**.  
**FIRST AMERICAN TITLE INSURANCE COMPANY**

  
**SEANAE ERIN MORIARTY, VICE PRESIDENT**

STATE OF ARIZONA COUNTY OF MARICOPA ) ss.

On **DECEMBER 22, 2020**, before me, **MARIA PUNZO**, Notary Public, personally appeared **SEANAE ERIN MORIARTY, VICE PRESIDENT** of **FIRST AMERICAN TITLE INSURANCE COMPANY**, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or entity, who they acted on the behalf of, executed the instrument.

  
**MARIA PUNZO (COMMISSION EXP. 05/15/2021)**  
NOTARY PUBLIC



POD: 20201204  
US8100119IM - LR - WA



Page 1 of 1



DOCUMENT 2 of 2