When Recorded Please return to. Regional Trustee Services 616 First Avenue, Suite 500 Seattle, WA 98104 Attn: Reconveyance Division JZ9



LAND TITLE OF SKAGIT COUNTY

Deed of Reconveyance

WASHINGTON MUTUAL - VERNON HILLS -908 #:5301226535 "COCHRAN" Lender ID:F48/351/1676747957 Skagit, Washington MERS #: 100054130000275808 VRU #: 1-888-679-6377

WHEREAS REGIONAL TRUSTEE SERVICES CORPORATION is the present Trustee of record under the following described Deed of Trust:

Trustor; FOSTER J COCHRAN ALSO SHOWN OF RECORD AS FOSTER COCHRAN AND GHISLAINE M

COCHRAN, HUSBAND AND WIFE
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEM, INC.
Original Trustee: FIRST AMERICAN TITLE

Dated: 04/03/2001 Recorded: 04/12/2001 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200104120056 In the Records of the County Recorder of Skagit, State of Washington. Property Address: 41921 SOUTH SHORE DR, SEDRO WOOLLEY, WA 98284

AND WHEREAS, the above said Deed of Trust has been paid in full;

NOW THEREFORE, the present Trustee having received from the present owner of the beneficial interest 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

By REGIONAL TRUSTEE SERVICES CORPORATION as Trustee

JOSEPH H. SIPAVICH, SENIOR VICE PRESIDENT

STATE OF Washington COUNTY OF King

on Q-4-0L before me.

051 a Notary Public in and for King in the State of Washington, personally appeared JOSEPH H. SIPAVICH, SENIOR 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,

Notary Expires: 0219

ROSE HUNT STATE OF WASHINGTON NOTARY -- -- PUBLIC

MY COMMISSION EXPIRES 2-19-06

(This area for notarial seal)