

When Recorded Return To:

Washington Mutual
PO BOX 45179
JACKSONVILLE, FL 32232-5179



200508150087
Skagit County Auditor

8/15/2005 Page 1 of 1 11:12AM

Deed of Reconveyance

WASHINGTON MUTUAL - CLIENT 908 #:0605467687 "DAVIS" Lender ID:G15/249/0605467687 Skagit, Washington PIF:
07/28/2005
MERS #: 100073332247607671 VRU #: 1-888-679-6377

WHEREAS WASHINGTON RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: GILBERT J DAVIS AND CAROLYN C DAVIS, HUSBAND AND WIFE
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR AMERIGROUP MORTGAGE CORPORATION
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR AMERIGROUP MORTGAGE CORPORATION, A DIVISION OF MORTGAGE INVESTORS CORPORATION
Original Trustee: PLACER TITLE COMPANY
Dated: 01/09/2003 Recorded: 01/16/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200301160100 In the Records of the County Recorder of Skagit, State of Washington.
Property Address: 17038 GAILEE DR, 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 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 Trust.


By WASHINGTON RECONVEYANCE COMPANY as Trustee
On August 4th, 2005


D SAUNDERS, ASST SECRETARY

STATE OF Florida
COUNTY OF Duval

On August 4th, 2005, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared D SAUNDERS, ASST SECRETARY, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal,


Notary Expires: / /

NOTARY PUBLIC

Shannon Macklin
Commission # DD428678
Expires May 11, 2009
STATE OF FLORIDA Bonded Troy Fain - Insurance, Inc. 800-365-7019

(This area for notarial seal)