



201011290070  
Skagit County Auditor

11/29/2010 Page 1 of 1 8:53AM

When recorded mail to:

**CoreLogic**  
450 E. Boundary St.  
Attn: Release Dept.  
Chapin, SC 29036

This space for Recorder's use



Case Nbr: 12043549 12/26/2010

Ref Number: 8013539278

Property Address:

1404 K AVE

ANACORTES, WA 98221

Tax ID: P58687

WA0-R-ST 11/19/2010

Recording Requested By:  
Navy Federal Credit Union

Prepared By:

Debora C. Cox

888-603-9011

450 E. Boundary St.

Chapin, SC 29036

### SUBSTITUTION OF TRUSTEE AND DEED OF RECONVEYANCE

NAVY FEDERAL CREDIT UNION, the present beneficiary for the Deed of Trust described below, does hereby substitute **FIRST AMERICAN TITLE INSURANCE COMPANY** as Trustee under said Deed of Trust in place of **DCBL, INC., A WASHINGTON CORPORATION**.

**FIRST AMERICAN TITLE INSURANCE COMPANY**, the present trustee under the Deed of Trust described below, in consideration of full payment and satisfaction of the debt secured thereunder, does hereby reconvey, without warranty, to the person(s) legally entitled thereto all of the estate, title and interest under the Deed of Trust described below:

Original Lender: **NAVY FEDERAL CREDIT UNION**

Made By: **THOMAS M KROWL, AND, DARLENE KROWL, HUSBAND AND WIFE**

Original Trustee: **DCBL, INC., A WASHINGTON CORPORATION**

Date of Deed of Trust: **5/11/2006**

Loan Amount: **\$113,000.00**

Recorded in Skagit County, WA on: 5/26/2006, book N/A, page N/A and instrument number **200605260080**

IN WITNESS WHEREOF, the undersigned has caused this Substitution of Trustee and Deed of Reconveyance to be executed on **11/19/2010**

**NAVY FEDERAL CREDIT UNION**

**FIRST AMERICAN TITLE INSURANCE COMPANY**

By: *Crystal Hudson*  
Crystal Hudson, Authorized Agent

By: *RC*  
Ronald E. Rooney, Vice President

State of South Carolina, County of Lexington

On 11/19/2010, before the undersigned Notary Public, personally appeared **Crystal Hudson, Authorized Agent** of **NAVY FEDERAL CREDIT UNION** and **Ronald E. Rooney, Vice President** of **FIRST AMERICAN TITLE INSURANCE COMPANY** 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 document and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the document the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

*Deborah J. Fell*  
Notary Public

**DEBORAH J. FELL**  
Notary Public  
State of South Carolina  
My Commission Expires February 28, 2015