

When Recorded Return To:

Release Department
LOANCARE, A DIVISION OF FNF SERVICING, INC
PO Box 8068
Virginia Beach, VA 23450



201210220020
Skagit County Auditor

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Deed of Reconveyance

LOANCARE, A DIVISION OF FNF SERVICING, INC #:5762224 "SAUNDERS" Lender ID:645/0205740259 Skagit, Washington

MERS #: 100073000844154476 SIS #: 1-888-679-6377

WHEREAS TRUSTEE SERVICES, INC. is the present Trustee of record under the following described Deed of Trust:

Trustor: SARRAH LYNN SAUNDERS AND MICHAEL SHORES , HUSBAND AND WIFE
Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS") AS NOMINEE SOLELY FOR FREEDOM MORTGAGE CORPORATION
Original Beneficiary: FREEDOM MORTGAGE CORPORATION
Original Trustee: PUGET SOUND TITLE COMPANY
Dated: 11/04/2010 Recorded: 11/09/2010 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 201011090075 In the Records of the County Recorder of Skagit, State of Washington.
Property Address: 10629 CHUCKANUT 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 TRUSTEE SERVICES, INC. as Trustee
On October 9th, 2012

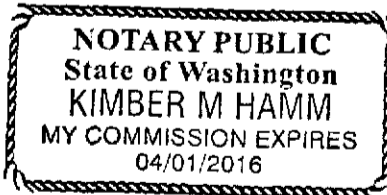
TAMMIE L ORMEROD , ASSISTANT SECRETARY

STATE OF Washington
COUNTY OF Kitsap

On October 9th, 2012, before me, KIMBER M. HAMM, a Notary Public in and for Kitsap in the State of Washington, personally appeared TAMMIE L ORMEROD , ASSISTANT SECRETARY, 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,

KIMBER M. HAMM
Notary Expires: 04/01/2016



(This area for notarial seal)