

Skagit County Auditor

8/24/2015 Page

\$72.00

1 9:12AM 1 of

And When Recorded Mail To:

Celink

PO Box 40724

Lausing, Michigan 48901

Space above for Recorder's use FULL RECONVEYANCE

MERS MIN#: 100799200000640747_PHONE#: (888) 679-6

Customer#: 61 Service#: 56173RL1

Loan#: 1168289 THE UNDERSIGNED, as trusfee under that certain deed of trust described below, conveying real property situated in said county and more fully described in said Deed Of Trust, having received from the beneficiary under 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, hereby does grant, bargain, sell, and convey, but 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.

Original Grantor: FRED TENOLL AND MARILYN TENOLL, HUSBAND AND WIFE Original Grantee: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC ("MERS") Current Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS INC ("MERS") WHOSE ADDRESS IS 1901 EAST VOORHEES ST STE C, DANVILLE IL 61834, PO BOX 2026, FLINT MI 48501, AS NOMINEE FOR LIBERTY HOME EQUITY SOLUTIONS,INC.,ISAOA

Deed Of Trust Dated: MAY 03, 2014

Recorded on: MAY 19, 2014 as Instrument No. 201405190128 in Book No. --- at Page No. ---

Property Address: 4608 SHUKSAN STREET, MOUNT VERNON, WA 98273-0000 County of SKAGIT, State Of WASHINGTON.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument, if the undersigned is a corporation, it has caused its corporate name to be signed hereunts by its officer duly authorized thereunto by 8/17/2015 order of its Board of Directors. Dated:

NATIONWIDE TITLE CLEARING, INC.

(Name, Title):

State of County of

before me, Alussa Milalons, a Motary Public, personally appeared hristopher Sandberg 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(ies) and that by his/her/their signature(s) 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 Name):

Notary Public In and for Press County Acting in Pivelles County, EDOGS State
My Commission Expire: 10/2/2018

Recording Requested By:

Alyssa Villalobos Notary Public State of Florida My Commission # FF 165490 Expires October 2, 2018

CELINK

By: