



201912200125

12/20/2019 02:01 PM Pages: 1 of 1 Fees: \$103.50
Skagit County Auditor

When Recorded Mail To:
Indecomm Global Services
1260 Energy Lane
St. Paul, MN 55108

Full Reconveyance

KNOW ALL MEN BY THESE PRESENTS, that the undersigned Trustee or successor Trustee, **First American Title Insurance Company** under that certain Deed of Trust described below, 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 below described premises by virtue of said Deed of Trust.

Borrowers: **TIMOTHY O'HAGAN AND STACY O'HAGAN**
Original Beneficiary: **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC (MERS), as designated nominee for KEYBANK NATIONAL ASSOCIATION , beneficiary of the security instrument, its successors and assigns, whose address is P.O. Box 2026, Flint MI 48501-2026**
Original Trustee: **FIRST AMERICAN TITLE**
Loan Amount: **\$244000.00**
Date of Deed of Trust: **June 30, 2016**
Date Recorded: **July 5, 2016**
Book/Page:
Document Number: **201607050093**
And recorded in the official records of **Skagit County, State of Washington**

IN WITNESS WHEREOF, the undersigned has caused these presents to be executed on this date of 12/10/19



U07152887
1426 12/5/2019 81442261/1

First American Title Insurance Company

By: [Signature]
Lon Whitehead, Authorized Agent

State of Utah , County of Salt Lake

On this date of 12/10/19 before me, the undersigned authority, a **Notary Public** duly commissioned, qualified and acting within and for the aforementioned State and County, personally appeared the within named Lon Whitehead known to me (or identified to me on the basis of satisfactory evidence) that he/she is the **Authorized Agent** respectively of **First American Title Insurance Company** and is duly authorized in his/her respective capacity to execute the foregoing instrument for and in the name and on behalf of said corporation and that said corporation executed the same, and further stated and acknowledged that he/she had so signed, executed and delivered said instrument for the consideration, uses and purposes therein mentioned and set forth.

WITNESS my hand and official seal on the date hereinabove set forth.

[Signature]

Notary Public
My Commission Expires: 05/03/2022

Prepared By: Bharathi D
PHH Mortgage Services
1 Mortgage Way, MS SV03
Mt. Laurel, New Jersey USA 08054-5452
Loan#: 5041316034
Invoice#: E3242689
CostCenter#: BL
Package#: 81442261
Document#: 7152887
MIN: 100065750413160342
MERS Phone: 1-888-679-6377

