



202009140013

09/14/2020 08:30 AM Pages: 1 of 2 Fees: \$104.50
Skagit County Auditor

WHEN RECORDED MAIL TO:
FIRST AMERICAN MORTGAGE SOLUTIONS
1795 INTERNATIONAL WAY
IDAHO FALLS, ID 83402
PH. 208-528-9895

DEED OF RECONVEYANCE

WASHINGTON

RECORD 2ND



COUNTY OF SKAGIT

LOAN NO.: 00003000812659

PARCEL NO. P114152

LEGAL DESCRIPTION: SITUATED IN SKAGIT COUNTY, WASHINGTON, DESCRIBED AS: LOT 25, OF SURVEY VOL. 21 PGS. 85-87

THE UNDERSIGNED, FIRST AMERICAN TITLE INSURANCE COMPANY, located at 1 FIRST AMERICAN WAY, SANTA ANA, CA 92707, as Trustee, Successor Trustee, or Substitute Trustee, under that certain Deed of Trust dated FEBRUARY 16, 2011, executed by ROBERT V. CUMMINGS AND SUSAN A. CUMMINGS, HUSBAND AND WIFE, Trustor, to U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION, Original Trustee, for the benefit of U.S. BANK NATIONAL ASSOCIATION N.D., Original Beneficiary, and recorded on MARCH 16, 2011 as Auditor's File No. 201103160028, in the Records of the County Auditor's Office for SKAGIT County, State of WASHINGTON.

PROPERTY ADDRESS: 3719 W 12TH ST, ANACORTES, WA 98221

WHEREAS, the Undersigned received from U.S. BANK NATIONAL ASSOCIATION N.D., the Beneficiary of 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, does hereby grant, bargain, and convey, 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.

IN WITNESS WHEREOF, the undersigned has caused this Instrument to be executed on SEPTEMBER 03, 2020.

FIRST AMERICAN TITLE INSURANCE COMPANY


SEANAE ERIN MORIARTY, VICE PRESIDENT

POD: 20200817

US8090119IM - LR - WA



Attached to the Deed of Reconveyance dated September 03, 2020

STATE OF ARIZONA COUNTY OF MARICOPA) ss.

On SEPTEMBER 03, 2020, before me, MARIA PUNZO, Notary Public, personally appeared SEANAE ERIN MORIARTY, VICE PRESIDENT of FIRST AMERICAN TITLE INSURANCE COMPANY, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or entity, who they acted on the behalf of, executed the instrument.


MARIA PUNZO (COMMISSION EXP. 05/15/2021)
NOTARY PUBLIC

