When Recorded Return To:

MICHELE THOMPSON Aurora Loan Services Inc. P.O. Box 1706 Scottsbluff, NE 69363-1706

Doc# 2006163654 Page 1 of 1 Date: 11/09/2006 02:02P Filed by: AURORA LOAN SERVICES Filed & Recorded in Official Records of SKAMANIA COUNTY SKAMANIA COUNTY AUDITOR J MICHAEL GARVISON Fee: \$32.00

**Deed of Reconveyance** 

AURORA LOAN SERVICES INC. #:107402158 "MCBRIDE" Skamania, Washington MERS #: 100025920001757770 VRU #: 1-888-679-6377

WHEREAS FIDELITY NATIONAL TITLE INSURANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: ROBERT MCBRIDE AND NINA R. MCBRIDE

Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.

Original Beneficiary: ADMINISTRATOR OF THE SMALL BUSINESS ADMINISTRATION, AN AGENCY OF THE GOVERNMENT OF THE UNITED STATES OF AMERICA

Original Trustee: U.S SMALL BUSINESS ADMINISTRATION

Dated: 05/02/1996 Recorded: 05/28/1996 in Book/Reel/Liber: 157 Page/Folio: 374 as Instrument No.: 125327 In

the Records of the County Recorder of Skamania, State of Washington.

Property Address: 171 STEWART ROAD, STEVENSON, WA 98648

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 FIDELITY NATIONAL TITLE INSURANCE COMPANY as Trustee On 1101-7,2006

PRESIDENT

STATE OF COUNTY OF

SHEILA LEONARD before me.

, a Notary Public in and for

jessica N. OHDE, ASSISTANT VICE PRESIDENT, 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/thou supported the satisfactory evidence. 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.

ESS my hand and official

SHEILA LEONARD Notary Public - Georgia **Fulton County** 

My Comm. Expires Aug. 31, 2010

(This area for notarial seal)