When Recorded Return To:

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

Doc # 2007165919 Page 1 of 1 Date: 04/30/2007 01:22P 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. #:0018467670 "ROSNER" Lender ID:E12/002/0018467670 Skamania, Washington MERS #: 100247301000085616 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: LEE ROSNER, A SINGLE MAN

Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR DIRECTORS

MORTGAGE, INC., AN OREGON CORPORATION IT'S SUCCESSORS AND ASSIGNS
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR
DIRECTORS MORTGAGE, INC., AN OREGON CORPORATION IT'S SUCCESSORS AND ASSIGNS

Original Trustee: SKAMANIA COUNTY TITLE

Dated: 10/22/2004 Recorded: 11/08/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2004155114

In the Records of the County Recorder of Skamania, State of Washington. Property Address: 1102 WACOMAC DR, NORTH BONNEVILLE, WA 98639

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.

TITLE INSURANCE COMPANY as Trustee

, ASSISTANT

TINA DETWILER 0124,2007, 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/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.

Notary Expires: 3/12011

STATE OF COUNTY

> Tina Detwiler **NOTARY PUBLIC Fulton County** State of Georgia Commission Expires March 12, 2011

(This area for notarial seal)

NA DETWIN

COUNTY