AFN #2008170289 Recorded 06/27/08 at 11:46 AM DocType: RECON Filed by: **GMAC** MORTGAGE Page: 1 of 1 Auditor J. Michael Garvison Skamania County, WA

When Recorded Return To:

KAREN L RANDALL 1412 W 9TH AVE APT 5 SPOKANE, WA 99204-3332

<u>Deed of Reconveyance</u>
GMAC MORTGAGE, LLC #:0357303355 "RANDALL" Lender ID:30001/357303355 Skamania, Washington PIF:

MERS #: 100058900000801191 VRU #: 1-888-679-6377

WHEREAS FIRST AMERICAN TITLE COMPANY, is the present Trustee of record under the following described Deed of Trust:

Trustor: KAREN L RANDALL

Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS")

Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC ("MERS")

Original Trustee: EVERGREEN TITLE COMPANY

Dated: 11/30/2001 Recorded: 12/05/2001 in Book/Reel/Liber: 217 Page/Folio: 743 as Instrument No.: 143109 In the Records of the County Recorder of Skamania, State of Washington. Property Address: 3 LOOK-IN-LANE, 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.

By FIRST AMERICAN TITLE COMPANY, as Trustee On June 20th, 2008

NICOLE STUART, ASSISTANT SECRETARY

STATE OF Iowa COUNTY OF Black Hawk

On June 20th, 2008, before me, C BOUCHARD, a Notary Public in and for Black Hawk in the State of Iowa, personally appeared NICOLE STUART, ASSISTANT SECRETARY, 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 execute the person(s) as the patient was the basis of satisfactory and that he he/she/they execute the person(s) as the patient was the health of 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,

C BOUCHARD

Notary Expires: 11/14/2009 #743949

C. BOUCHARD NOTARIAL SEAL - STATE OF IOWA COMMISSION NUMBER 743949 MY COMMISSION EXPIRES NOV. 14, 2008