AFN #2009173551 Recorded 08/04/09 at 01:17 PM DocType: RECON Filed by: AURORA Auditor J. Michael Garvison Skamania County, WA LOAN SERVICES Page: 1 of 1

When Recorded Return To:

THEODORE SCHULTZ AURORA LOAN SERVICES LLC. 2617 COLLEGE PARK P.O. BOX 1706 Scottsbluff, NE 69363-1706

Deed of Reconveyance

AURORA LOAN SERVICES LLC. #:0124965005 "FOX" Lender ID:N17/015/0487092589 Skamania, Washington MERS #: 100024200018114740 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: ARTHUR WILLIAM FOX II A SINGLE PERSON

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

BROKERS CONDUIT IT'S SUCCESSORS AND ASSIGNS
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. AS NOMINEE FOR AMERICAN BROKERS CONDUIT IT'S SUCESSORS AND ASSIGNS

Original Trustee: SKAMANIA COUNTY TITLE

Dated: 06/28/2007 Recorded: 07/06/2007 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2007166785

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

Property Address: 72 BRUNING RD, 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

SICA N. OHDE, ASSISTANT VICE PRESIDENT

GA STATE OF COUNTY OF

CHERYL DENISE THOMAS

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On on 29 , before me, , a Notary Public in and for in the State of 6A, personally appeared JESSICA N. OHDE, ASSISTANT VICE PRESIDENT, personally known to me (or proved to me on the basis of in the State of , personally appeared 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.

ly hand and official seal,

Notary Expires: 4



Cheryl Denise Thomas NOTARY PUBLIC **Fulton County** State of Georgia My Commission Expires April 7, 2012

(This area for notarial seal)