AFN #2015000669 Recorded 04/13/2015 at 12:44 PM DocType: RECON Filed by: TD SERVICE COMPANY Page: 1 of 2 Auditor Robert J. Waymire Skamania County, WA

> When Recorded Return To: Lien Release Dept **Novad Management Consulting** 2401 NW 23rd St. Suite 1A1 Oklahoma City, OK 73107

4156850 DT1

Deed of Reconveyance
Novad Management Consulting#: 561-8150023 "JONES" Skamania, Washington

WHEREAS T. D. SERVICE COMPANY OF WASHINGTON is the present Trustee of record under the following described Deed of Trust:

Trustor: JOHN P JONES and JEANNE M JONES, HUSBAND AND WIFE

Beneficiary: Novad Management Consulting, LLC Attorney-In-Fact for Secretary of Housing and Urban

Development

Original Beneficiary: Secretary of Housing and Urban Development

Original Trustee: Baltimore Field Office

Dated: 06-20-2005 Recorded: 06-24-2005 as Instrument No. 200506240255, Book/Reel/Liber N/A, Page/Folio

N/A In the Records of the County Recorder of Skamania, State of Washington.

Property Address: 13105 12TH STREET SOUTHEAST, LAKE STEVENS, WA 98258

AND WHEREAS, the above said Deed of Trust has been paid in full;

NOW THEREFORE, the present Trustee having received from the present Beneficiary under said Deed of Trust and the obligations secured thereby a written request to reconvey by reason of the obligations secured by said

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

By: T. D. SERVICE COMPANY OF WASHINGTON as Trustee

On APR 0 7 2015

By:		
Sandra M. Armenta, Vice President		
State of	_ / `	
COUNTY OF	- 1	
	- /	*
On March 26th, 2015, before me,		, a Notary Public in and fo
in the State of, person	onally appeared	, a Notary r abile in and le
personally known to me (or proved to me on the basi	is of satisfactory evidence) to	be the person(s) whose
name(s) is/are subscribed to the within instrument ar	nd acknowledged to me that h	e/she/they executed the same
in his/her/their authorized capacity, and that by his/he	er/their signature on the instru	ment the person(s) or the
entity upon behalf of which the person(s) acted, exec	cuted the instrument.	
WITNESS my hand and official seal,		
•	_	_
	_ (This area for notarial sea	al)
.1	, 1	
see atto	respect	

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ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

validity of that docum		
State of California County ofORA	ANGE	·
On APR 0 7 2015	before me, _	G. GOMEZ (insert name and title of the officer)
personally appeared _	SANDRA M. ARMENTA,	, VICE PRESIDENT
his/her/their authorized	I capacity(ies), and that by	ridence to be the person(s) whose name(s) is/are edged to me that he/she/they executed the same is his/her/their signature(s) on the instrument the person(s) acted, executed the instrument.
l certify under PENALT paragraph is true and c	Y OF PERJURY under the correct.	ne laws of the State of California that the foregoing
WITNESS my hand an	d official seal.	G. GOMEZ Commission # 2043355 Notary Public - California Orange County My Comm. Expires Sep 29, 2017
Signature	SOMEZ.	(Seal)