AFN #2015001725 Recorded 08/17/2015 at 05:23 PM DocType: RECON Filed by: TRUSTEE SERVICES INC Page: 1 of 1 Auditor Robert J. Waymire Skamania County, WA

When Recorded Return To:

Release Department LOANCARE, LLC PO Box 8068 Virginia Beach, VA 23450

W371942T

**Deed of Reconveyance** 

LOANCARE, LLC #:0000705731 "SOLBERG" Lender ID:473/1733417950 Clark, Washington MIN #: 100832792131022042 SIS #: 1-888-679-6377

WHEREAS TRUSTEE SERVICES, INC. is the present Trustee of record under the following described Deed of Trust:

Trustor: SHON L. SOLBERG AND WENDY L. SOLBERG, HUSBAND AND WIFE

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

FINANCE, INC., ITS SUCCESSORS AND ASSIGNS

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

TRISTAR FINANCE, INC., ITS SUCCESSORS AND ASSIGNS

Original Trustee: FIDELITY NATIONAL TITLE COMPANY OF WASHINGTON

Dated: 12/06/2013 Recorded: 12/12/2013 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

2013002700 In the Records of the County Recorder of Clark, State of Washington.

Property Address: 2111 NORTH FORK ROAD, WASHOUGAL, WA 98671

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 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 TRUSTEE SERVICES INC. as Trustee On July 21st, 2015

JACOB A HAMM ASSISTANT SECRETARY

STATE OF Washington COUNTY OF Kitsap

On July 21st, 2015, before me, MATTHEW J. ORMEROD, a Notary Public in and for Kitsap in the State of Washington, personally appeared JACOB A. HAMM, 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 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,

MATTHEW J. ORMEROD

Notary Expires: 02/14/2018 #170767

**NOTARY PUBLIC** STATE OF WASHINGTON MATTHEW J. ORMEROD COMMISSION EXPIRES 02/14/2018

(This area for notarial seal)