2018 07:44 AM DocType: RECON Filed by: AFN #2018001612 Recorded Aug 06, Simplifile Page: 1 of 1 File Fee: \$99.00 Auditor Robert J. Waymire Skamania County, WA

When Recorded Return To:

LIEN RELEASE OCWEN LOAN SERVICING, LLC 1795 INTERNATIONAL WAY IDAHO FALLS, ID 83402

Deed of Reconveyance

OCWEN LOAN SERVICING, L.L.C. #:7100865521 "BIGGS" Lender ID:3742 Skamania, Washington PIF: WHEREAS FIRST AMERICAN TITLE INSURANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: EDWIN E. BIGGS AND PATRICIA A. BIGGS

Beneficiary: U.S. BANK NATIONAL ASSOCIATION, as Trustee for Structured Asset Securities Corporation Mortgage Pass-Through Certificates, Series 2007-BC4 by Ocwen Loan Servicing, LLC, its Attorney-in-fact Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), (AS DESIGNATED NOMINEE FOR BNC MORTGAGE, INC BENEFICIARY OF THE SECURITY INSTRUMENT, ITS SUCCESSORS AND/OR ASSIGNS

Original Trustee: FIRST AMERICAN TITLE INSURANCE CO

Dated: 07/13/2007 Recorded: 07/24/2007 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

2007166991 In the Records of the County Recorder of Skamania, State of Washington.

Property Address: 502 LEETE ROAD, CARSON, WA 98610

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 Deed of Trust.

By FIRST AMERICAN TITLE INSURANCE COMPANY as Trustee On AUG 0 2 2018

EMILEE BRINKER, ASSISTANT SECRETARY

STATE OF Idaho **COUNTY OF Bonneville**

On AUG 0 2 2018 before me, EMILY POTTLE, a Notary Public in and for Bonneville in the State of Idaho. personally appeared EMILEE BRINKER, 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,

Notary Expires: 09/15/2020 #64259

EMILY POTTLE NOTARY PUBLIC STATE OF IDAHO

(This area for notarial seal)