

When Recorded Return To:

DECLARATION OF PAYMENT OF DEED OF TRUST

Deed of Trust Recording Number: _____
Granted by: _____
Abbreviated Legal Description: _____
Tax Parcel Number: _____
Additional Legal Description attached as Exhibit A on Page 3.

The undersigned is an escrow agent licensed by the Washington State Department of Financial Institutions, a title insurer or title insurance agent licensed by the Washington State Office of the Insurance Commissioner, or an attorney admitted to practice law in the state of Washington (hereinafter "Escrow Agent"). Pursuant to the authority of RCW 61.24.110(3), the Escrow Agent hereby declares, as shown below, that it delivered payment pursuant to the Beneficiary's written demand, that payment was sufficient to satisfy the Beneficiary's demand, that the Escrow Agent received no objection, and that a reconveyance was not recorded within 120 days thereafter:

Deed of Trust dated _____, recorded on _____, as Auditor's File No. _____, records of _____ County, Washington.
Granted by: _____
Trustee now appearing of record: _____
Present Beneficiary: _____
Loan Number (if known): _____
Amount of Beneficiary's Demand: \$ _____
Amount delivered by Escrow Agent: \$ _____
Payment delivery method: _____
Payment delivered on: _____

The legal description of the real property encumbered by the Deed of Trust is attached hereto as Exhibit A.

IN WITNESS WHEREOF, the Escrow Agent has signed this Declaration on this _____ day of _____, 2013.

[Escrow Agent Company or Attorney]

By: _____

Its: _____

STATE OF WASHINGTON)

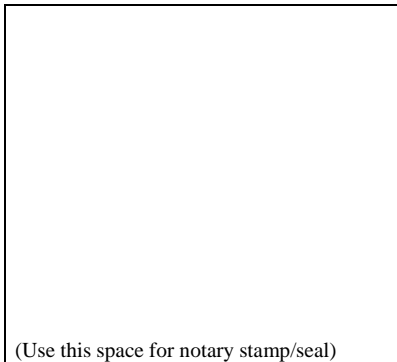
) ss.

COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____

(is/are) the person(s) who appeared before me, and said person(s) acknowledged that _____ signed this instrument, on oath stated that _____ authorized to execute the instrument and acknowledge it as the _____ of _____ to be the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated:



Print Name: _____
NOTARY PUBLIC in and for the State of Washington,
residing at _____

My appointment expires: _____

DATED: _____

EXHIBIT A
Legal Description