


Recording Requested By,
And After Recording, Return To:
TIMOTHY B WHITE
325 E GEORGE HOPPER RD STE 105
BURLINGTON, WA 98233-3154
Loan #9534719877


200709240076
Skagit County Auditor
9/24/2007 Page 1 of 2 9:54AM

RECONVEYANCE

Grantor (Beneficiary): WELLS FARGO BANK, NATIONAL ASSOCIATION
Grantor (Trustee): WELLS FARGO FINANCIAL NATIONAL BANK
Grantee (Grantor): SUNRISE ESTATES LIMITED PARTNERSHIP, a Washington limited partnership
Reference No. of Deed of Trust: 200209170065

The undersigned, as Trustee under that certain Deed of Trust executed by **SUNRISE ESTATES LIMITED PARTNERSHIP, a Washington limited partnership**, as Grantor, for the benefit of WELLS FARGO BANK, NATIONAL ASSOCIATION, as Beneficiary, dated as of **September 10, 2002**, and recorded on **September 17, 2002**, under Recording No. **200209170065**, of the Records of Skagit County, Washington, does hereby quitclaim and reconvey unto the person or persons legally entitled thereto, without any warranty, all of the right, title and interest now held by said Trustee in and to the real property described in said Deed of Trust, reference being hereby specifically made to said Deed of Trust and the record thereof for a particular description of said real property. This Reconveyance is executed at the written request of the Beneficiary under said Deed of Trust.

IN WITNESS WHEREOF, said Trustee has caused this Reconveyance to be executed as of September 14, 2007.

WELLS FARGO FINANCIAL
NATIONAL BANK
Trustee

By: 

P. Frazier
Title Officer

OBTAIN NOTARY ACKNOWLEDGMENTS

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Contra Costa } ss.

On 9/14/07

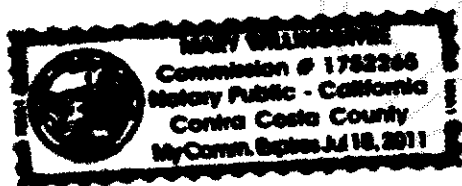
Date

before me, Mary Willingham, Notary

Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared P. Frazier

Name(s) of Signer(s)



☒ personally known to me

☐ 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(ies), and that by his/her/their signature(s) 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.

Place Notary Seal Above

Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: renewal

Document Date: 9/14/07

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT
OF SIGNER
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