

When Recorded Return To:

WELLS FARGO HOME MORTGAGE  
MAC X9400-L1C  
11200 W PARKLAND AVE  
MILWAUKEE, WI 53224



200812080041  
Skagit County Auditor

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**Deed of Reconveyance**

WFHM - CLIENT 708 #:0027519669 "SPADY" Lender ID:A12601/0027519669 Skagit, Washington  
WHEREAS WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION is the present  
Trustee of record under the following described Deed of Trust:

Trustor: DOUGLAS A SPADY AND JULIE L. SPADY, HUSBAND AND WIFE  
Beneficiary: Wells Fargo Bank, N.A., successor by merger to Wells Fargo Home Mortgage, Inc.  
Original Beneficiary: WELLS FARGO HOME MORTGAGE, INC.  
Original Trustee: H AND L SERVICES, INC.  
Dated: 07/11/2003 Recorded: 07/22/2003 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:  
200307220143 In the Records of the County Recorder of Skagit, State of Washington.  
Property Address: 18055 BOW LAKE LANE, BOW, WA 98232

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

NOW THEREFORE, the present Trustee having received from the present owner of the beneficial interest 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 WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION as Trustee  
On December 4th, 2008

LYNN BURT, ASST. VICE PRESIDENT

STATE OF Wisconsin  
COUNTY OF Milwaukee

On December 4th, 2008, before me, TABITHA PORTER, a Notary Public in and for Milwaukee in the State of  
Wisconsin, personally appeared LYNN BURT, ASST. VICE PRESIDENT, 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,

TABITHA PORTER  
Notary Expires: 01/23/2011

TABITHA PORTER  
NOTARY PUBLIC STATE OF WISCONSIN

(This area for notarial seal)