When Recorded Return To:

LIEN RELEASE DEPT WELL'S FARGO BANK, N.A. HOME EQUITY SERVICING OPS P.O. BOX 31557 BILLINGS, MT 59107



Skagit County Auditor 6/30/2014 Page

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\$72.00 1 10:23AM



Deed of Reconveyance

WF HOME EQUITY #:65182476251998 "STOCKTON" Skagit, Washington
WHEREAS WELLS, FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION f/k/a WELLS FARGO FINANCIAL NATIONAL BANK is the present Trustee of record under the following described Deed of Trust:

Trustor: THOMAS J STOCKTON AND BARBARA F STOCKTON Beneficiary: WELLS FARGO BANK, N.A. Original Beneficiary: WELLS FARGO BANK, N.A. Original Trustee: WELLS FARGO FINANCIAL NATIONAL BANK Dated: 05/25/2005 Recorded: 08/20/2005 in Post/(Post/) in the control of the

Dated: 05/25/2005 Recorded: 06/20/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

200506200065 In the Records of the County Recorder of Skagit, State of Washington. Property Address: 1410 6TH ST, ANACORVES, WA 98221

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 WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION f/k/a WELLS FARGO FINANCIAL NATIONAL BANK as Trustee On June 24th, 2014

MICHAEL S JOHNSON TITLE OFFICER

STATE OF Montana **COUNTY OF Yellowstone**

On June 24th, 2014, before me, MISTY RITTER, a Notary Public, personally appeared MICHAEL S JOHNSON , TITLE OFFICER, 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.

S my.hand.and official seal.

Notary Expires: 01/31/2018

MIST

Y R SEAL

MISTY HITTER NOTARY PUBLIC for the State of Montana Residing at Billings, Montana My Commission Expires January 31, 2018

This area for notarial seal)