Skagit County Auditor, WA

When Recorded Mail To:

WELLS FARGO BANK, N.A. LIEN RELEASE DEPT MAC F2302-048 P.O. BOX 14469 DES MOINES, IA 50306-9655

Loan #: 68232283121998

DEED OF RECONVEYANCE

Recording Requested by

WELLS FARGO BANK, N.A. TIMOTHY ORR 1003 E. BRIER DRIVE MAC E0501-042 SAN BERNARDINO, CA 92408

Original Trustor: RAYMOND MAICHEN AND SHERRY AUBRE ADAMS
Original Trustee: WELLS FARGO FINANCIAL NATIONAL BANK

Original Beneficiary: WELLS FARGO BANK, N.A.

Dated: 01/21/2016 Recorded: 02/11/2016, Auditor's / Instrument #: 201602110058 Book / Reel: N/A Page: N/A

Amount of Note: \$ 84200.00

Filed for record in Skagit County, State of WA

WHEREAS WELLS FARGO NATIONAL BANK WEST fka WELLS FARGO FINANCIAL NATIONAL BANK is the present Trustee of record under the above described Deed of Trust:

And whereas the above said Deed of Trust has been paid in full;

Now therefore, the present Trustee having received from the present beneficiary 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.

Date of Document: 01/10/2020
WELLS FARGO NATIONAL BANK WEST fka WELLS
FARGO FINANCIAL NATIONAL BANK

TIMOTHY ORR, TITLE OFFICER

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CA

COUNTY OF San Bernardino $\}$ s.s.

On 01/10/2020, before me, CHRISTINE CARLONE, Notary Public, personally appeared TIMOTHY ORR, who 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal. In the Clae

Notary Public: CHRISTINE CARLONE My Commission Expires: 07/02/2021 Commission #: 2203732

CHRISTINE CARLON COMM. #2203732 NOTARY PUBLIC - CALIFORNI, SAN BERNARDINO COUNTY My Comm. Expires July 2, 202

Version: 282d4fa8