



202005200023

05/20/2020 10:54 AM Pages: 1 of 2 Fees: \$104.50
Skagit County Auditor

Recording Requested By,
And After Recording, Return To:
WELLS FARGO BANK, NATIONAL
ASSOCIATION
12301 Vance Davis Dr. Floor 2
Charlotte, NC 28269-7699
Attn: Wealth Custom Credit
Loan No.: 7829242233 - 18

RECONVEYANCE

Grantor (Beneficiary): WELLS FARGO BANK, NATIONAL ASSOCIATION
Grantor (Trustee): WELLS FARGO FINANCIAL NATIONAL BANK
Grantee (Grantor): CASCADE WEST APARTMENTS, LLC, a Washington limited liability company
Reference No. of Deed of Trust: 201411250117

The undersigned, as Trustee under that certain Deed of Trust executed by **CASCADE WEST APARTMENTS, LLC**, a Washington limited liability company, as Grantor, for the benefit of WELLS FARGO BANK, NATIONAL ASSOCIATION, as Beneficiary, dated as of **November 30, 2019**, and recorded on **November 25, 2014**, under Recording No. **201411250117**, 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

May 13, 2020

WELLS FARGO NATIONAL BANK WEST, f/k/a WELLS FARGO FINANCIAL NATIONAL BANK,
Trustee

By: *[Signature]*
Lynette K.S. Ikeda
Title Officer

PAID LOAN/CASCADE WEST APARTMENTS LLC
1521 N. 26th St. Mount Vernon, WA 98273
WRK #1987413/7829242233-18/AU 0210081
C-507_WA.DOC (Rev. 04/19)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

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 California)

County of Contra Costa)

On May 13, 2020 before me, Virchelle M. Lampley, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Lynette K.S. Ikeda
Name(s) of Signer(s)

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.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Reconveyance

Document Date: May 13, 2020 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: Lynette K.S. Ikeda

☒ Corporate Officer — Title(s): AVP

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: [Signature]

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____