

**When Recorded Mail To:**

F0013-012 AU 35101  
LIEN RELEASE DEPT  
WELLS FARGO BANK, N.A.  
P.O. BOX 14469  
DES MOINES, IA 50306-9655

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Loan #: **68227334121998**

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**DEED OF RECONVEYANCE****Recording Requested by**

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

Original Trustor: **ANTHONY M. MAGGIO AND DEBBIE A. MAGGIO**

Original Trustee: **WELLS FARGO FINANCIAL NATIONAL BANK**

Original Beneficiary: **WELLS FARGO BANK, N.A.**

Dated: **05/16/2015** Recorded: **06/11/2015**, Auditor's / Instrument #: **201506110024** Book / Reel: N/A Page: N/A  
Amount of Note: \$ **100000.00**

Filed for record in **Skagit** County, State of **WA**

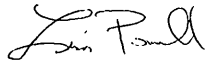
WHEREAS **WELLS FARGO NATIONAL BANK WEST** fka **WELLS FARGO FINANCIAL NATIONAL BANK** is  
the present Trustee of record under the above described Deed of Trust:

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: **07/28/2020**

**WELLS FARGO NATIONAL BANK WEST** fka **WELLS**  
**FARGO FINANCIAL NATIONAL BANK**



**LISA POWELL, 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 07/28/2020, before me, **REBEKA ELIZABETH EADY**, Notary Public, personally appeared **LISA POWELL**, 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.

*Rebeka Eady*

Notary Public: **REBEKA ELIZABETH EADY**  
My Commission Expires: **07/02/2021**  
Commission #: **2203740**



Version: 282d4fa8