

**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

Loan #: **68224098951998**

**DEED OF RECONVEYANCE**

**Recording Requested by**

WELLS FARGO BANK, N.A.  
LAMIN BAFODAY BARROW  
2701 WELLS FARGO WAY  
MAC N9408-04L  
MINNEAPOLIS, MN 55467

Original Trustor: **JONI M CARTER**

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

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

Dated: **12/03/2014** Recorded: **01/05/2015**, Auditor's / Instrument #: **201501050036** Book / Reel: **N/A** Page: **N/A**  
Amount of Note: \$ **75000.00**

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: **10/18/2021**

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



**LAMIN BAFODAY BARROW, Vice President Loan Documentation**

STATE OF MN } s.s.  
COUNTY OF **Hennepin**

On **10/18/2021**, before me, **DARLA LAVIGNE PHILIPCZYK**, a Notary Public, personally appeared **LAMIN BAFODAY BARROW** as **Vice President Loan Documentation** of **WELLS FARGO NATIONAL BANK WEST fka WELLS FARGO FINANCIAL NATIONAL BANK**, 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.



Notary Public: **DARLA LAVIGNE PHILIPCZYK**  
My Commission Expires: **01/31/2024**

