

When Recorded Return To:

GOLDEN WEST SAVINGS ASSOC.  
TRUSTEE FOR WELLS FARGO BANK, N.A.  
P.O. BOX 34957  
T7416-012  
San Antonio, TX 78265-9875



201006030029  
Skagit County Auditor

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**Deed of Reconveyance**

Golden West Savings Association Service Co #:45048170 "FAIRBANKS" Lender ID:010135 Skagit, Washington PIF: 04/30/2010  
WHEREAS WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION is the present Trustee of record under the following described Deed of Trust:

Trustor: DANIEL J FAIRBANKS AND SONORA D FAIRBANKS, HUSBAND AND WIFE  
Beneficiary: WELLS FARGO BANK, N.A. FKA WACHOVIA MORTGAGE, FSB FKA WORLD SAVINGS BANK, FSB, A FEDERAL SAVINGS BANK  
Original Beneficiary: WORLD SAVINGS BANK, FSB, A FEDERAL SAVINGS BANK  
Original Trustee: FIRST AMERICAN TITLE INSURANCE COMPANY, A CALIFORNIA CORPORATION  
Dated: 02/09/2007 Recorded: 02/21/2007 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200702210054 In the Records of the County Recorder of Skagit, State of Washington.  
Property Address: 21286 CASCADE RIDGE DR, MOUNT VERNON, WA 98274

AND WHEREAS, the above said Deed of Trust has been paid in full;

NOW THEREFORE, the present Trustee having received from the present owner 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.

By WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION as Trustee  
On May 25th, 2010

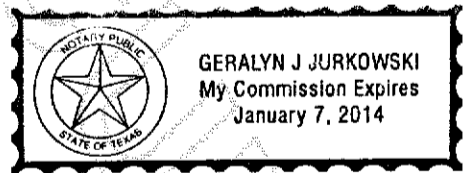
\_\_\_\_\_  
MARIA L OLVERA, TITLE OFFICER

STATE OF Texas  
COUNTY OF Bexar

On May 25th, 2010, before me, Geralyn Jurkowski, a Notary Public in and for Bexar in the State of Texas, personally appeared MARIA L OLVERA, 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.

WITNESS my hand and official seal,

\_\_\_\_\_  
Notary Expires 01/07/14



(This area for notarial seal)