



201708220007

When Recorded Return To:
LIEN RELEASE DEPT
WELLS FARGO BANK, N.A.
MAC X9901-L1R
P.O. BOX 1629
MINNEAPOLIS, MN 55440-9790

Skagit County Auditor \$74.00
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Deed of Reconveyance

WF HOME EQUITY #: 58665184780311998 "OSBORNE" Lender ID: 0 Skagit, Washington
WHEREAS WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION is the present Trustee of record under the following described Deed of Trust:

Trustor: ROBERT R OSBORNE AND CRYSTAL D OSBORNE
Beneficiary: WELLS FARGO BANK, N.A.
Original Beneficiary: WELLS FARGO BANK, N.A.
Original Trustee: WELLS FARGO FINANCIAL NATIONAL BANK
Dated: 07/14/2005 Recorded: 08/08/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200508080089 In the Records of the County Recorder of Skagit, State of Washington.
Property Address: 406 CABE LANE, SEDRO WOOLLEY, WA 98284

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

NOW THEREFORE, the present Trustee having received from the present Beneficiary 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 August 15th, 2017


MARTHA NOELLE EISENBEIS, TITLE OFFICER

STATE OF Minnesota
COUNTY OF Hennepin

On August 15th, 2017, before me, DARLA LAVIGNE PHILIPCZYK, a Notary Public in and for Hennepin in the State of Minnesota, personally appeared MARTHA NOELLE EISENBEIS, TITLE OFFICER, WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION 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,


DARLA LAVIGNE PHILIPCZYK
Notary Expires: 01/31/2019



(This area for notarial seal)