

When Recorded Return To:

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



201711080025

Skagit County Auditor \$74.00  
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**Deed of Reconveyance**

WF HOME EQUITY #: 65069728971998 "STAFFORD" 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: CHARLES L STAFFORD AND CHRISTINA M STAFFORD  
Beneficiary: WELLS FARGO BANK, N.A.  
Original Beneficiary: WELLS FARGO BANK, N.A.  
Original Trustee: WELLS FARGO FINANCIAL NATIONAL BANK  
Dated: 08/27/2007 Recorded: 08/31/2007 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 200708310161 In the Records of the County Recorder of Skagit, State of Washington.  
Property Address: 22449 SUENIC ST, SEDRO WOOLLEY, WA 98284-0000

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 October 31st, 2017

MARTHA NOELLE EISENBEIS, TITLE OFFICER

STATE OF Minnesota  
COUNTY OF Hennepin

On October 31st, 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)