AFN #2010174908 Recorded 02/16/10 at 12:37 PM DocType: RECON Filed by: WELLS FARGO HOME MORTGAGE Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

When Recorded Return To:

LIEN RELEASE DEPT. WELLS FARGO HOME MORTGAGE MAC X9400-L1C 11200 W PARKLAND AVE MILWAUKEE, WI 53224

<u>Deed of Reconveyance</u>
WFHM - CLIENT 708 #:0210988036 "MOYER" Lender ID:508669/0201340973 Skamania, Washington MERS #: 1005446-0000016030-7 VRU #: 1-888-679-6377

WHEREAS WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION is the present Trustee of record under the following described Deed of Trust:

Trustor: KALAN MOYER AND STACEY MOYER, AS HUSBAND AND WIFE Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.
Original Trustee: SKAMANIA COUNTY TITLE COMPANY

Dated: 12/05/2008 Recorded: 12/10/2008 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2008171641 In the Records of the County Recorder of Skamania, State of Washington. Property Address: 49 LAKEVIEW ROAD, WHITE SALMON, WA 98672

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

By WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION as Trustee On February 8th, 2010

TITLE OFFICER I FE ANN BITTNER

STATE OF Wisconsin **COUNTY OF Milwaukee**

On February 8th, 2010, before me, SEPTEMBER GRIESBACH, a Notary Public in and for Milwaukee in the State of Wisconsin, personally appeared LEE ANN BITTNER, 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,

SEPTEMBER GRIESBACH Notary Expires: 07/29/2012

September Griesbach Notary Public State of Wisconsin

(This area for notarial seal)