

When Recorded Return To:

WELLS FARGO HOME MORTGAGE
MAC X9901-L1R
2701 WELLS FARGO WAY
MINNEAPOLIS, MN 55467



Deed of Reconveyance

WFHM - CLIENT 936 #:0644727497 "SWINGLE" Lender ID:643265/1697827002 Skamania, Washington
MERS #: 100205000000197690 SIS #: 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: HOWARD E SWINGLE AND WANDA SUE SWINGLE, HUSBAND AND WIFE
Beneficiary: Mortgage Electronic Registration Systems, Inc.
Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.
Original Trustee: SKAMANIA TITLE COMPANY, INC.
Dated: 09/15/2004 Recorded: 09/28/2004 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2004154619 ReRecorded 03/09/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005156522
In the Records of the County Recorder of Skamania, State of Washington.
Property Address: 101 STACEY LANE, CARSON, WA 98610

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 9th, 2012

GIDEON ANNAN , TITLE OFFICER

STATE OF Minnesota
COUNTY OF Hennepin

On May 9th, 2012, before me, a Notary Public in and for Hennepin County in the State of Minnesota, personally appeared GIDEON ANNAN , 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: / /



(This area for notarial seal)