When Recorded Return To:

LIEN RELEASE DEPT **WELLS FARGO** MAC X9400-L1C P.O. BOX 245018 MILWAUKEE, WI 53224



## **Deed of Reconveyance**

WFHM - CLIENT WFF #:20650692 "HURN" Lender ID:WFF Skamania, 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: STEVEN D. HURN AND KRISTIE L. HURN

Beneficiary: WELLS FARGO FINANCIAL WASHINGTON 1, INC.

Original Beneficiary: WELLS FARGO FINANCIAL WASHINGTON 1, INC.

Original Trustee: CLARK COUNTY TITLE

Dated: 06/12/2006 Recorded: 06/16/2006 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

2006161976 In the Records of the County Recorder of Skamania, State of Washington. Property Address: 13251 COOK UNDERWOOD, WA 98651

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

By WELLS FARGO FINANCIAL NATIONAL BANK, A NATIONAL BANKING ASSOCIATION as Trustee On December 24th, 2013

GALINA ASRIYANS, TITLE OFFICER

STATE OF Wisconsin **COUNTY OF Milwaukee** 

On December 24th, 2013, before me, TABITHA PORTER, a Notary Public in and for Milwaukee in the State of Wisconsin, personally appeared GALINA ASRIYANS, 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,

TABITHA PORTER

Notary Expires: 01/18/2015

TABITHA PORTER NOTARY PUBLIC STATE OF WISCONSIN

(This area for notarial seal)