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PIN #: 1219-24-002-009

This document was prepared by:

Wells Fargo Bank, N.A.

2324 Overland Ave

PO Box 31557

Billings, MT 59102, 866-255-9102

Return Tax Statements & Documents to:

**STEPHEN H CHRISTIAN**

**643 GREEN ACRES DR**

**GARDNERVILLE, NV 89460**

Douglas County - NV  
Karen Ellison - Recorder

Page: 1 Of 1 Fee: 17.00  
BK-1210 PG- 3360 RPTT: 0.00



**SUBSTITUTION OF TRUSTEE AND DEED OF FULL RECONVEYANCE**

Account Number: WNR82508597530XXX 59177332 MB

WHEREAS, **STEPHEN H CHRISTIAN** , was the original Trustor, **Public Trustee of Douglas County** was the original Trustee, and **Wells Fargo Bank West, N.A.** was the original Beneficiary under that certain Deed of Trust dated **03/21/2002** and recorded on **05/07/2002**, in Book **0502**, at Page **01750**, in the Official Records of **Douglas County, Nevada** under Document No. **0541530**.

WHEREAS, the undersigned is the present Beneficiary under said Deed of Trust, and desires to substitute a new Trustee under said Deed of Trust in place and stead of said original Trustee thereunder, in the manner in said Deed of Trust provided, THEREFORE, the undersigned hereby substitute **Wells Fargo Bank, N.A.** as Trustee under said Deed of Trust. NOW THEREFORE, **Wells Fargo Bank, N.A.**, as substituted Trustee, does hereby reconvey without warranty, to the person or person legally entitled thereto, the estate held by the trustee, declaring that the indebtedness secured by said Deed of Trust **HAS BEEN FULLY PAID**.

Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

Dated: 12/09/2010

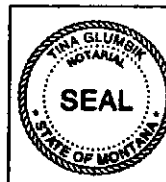
**Wells Fargo Bank, N.A.**  
**FKA Wells Fargo Bank West, N.A.**  
**(Beneficiary and Substituted Trustee)**

**Marilyn Beck, VP Loan Documentation**

STATE OF MONTANA/COUNTY OF YELLOWSTONE }ss.

On 12/09/2010, personally appeared before me, a notary public, **Marilyn Beck**, VP Loan Documentation of **Wells Fargo Bank, N.A.**, personally known or proved to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the instrument.

**Tina Glumbik**,  
Notary Public for the State of Montana  
Residing at **Billings, Montana**  
My commission expires: **09/16/2013**  
The undersigned hereby affirms that this document submitted for recording does not contain a social security number.



**TINA GLUMBIK**  
NOTARY PUBLIC for the  
State of Montana  
Residing at **Billings, Montana**  
My Commission Expires  
September 16, 2013