

A.P.N.: 1420-33-312-033
File No: 125-2439329 (CY)

When Recorded Return To:
Wells Fargo Bank
*C/O RLS Settlement Services
5700 Smetana Dr., Ste 400
Minnetonka, MN 55343*



A.P.N.: 1420-33-312-033

FULL RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS:

THAT, WHEREAS **Wells Fargo Bank, NA**, qualified to do business in the State of MN, Trustee under Deed of Trust executed by **Lance A. Modispacher, and Kellie Modispacher, husband and wife as joint tenants with right of survivorship**, as Trustor, and **Wells Fargo Bank, NA**, as Beneficiary recorded **May 05, 2006** as Document No. **674271**, in Book **506, Page 2604**, in the Office of the County Recorder of **Douglas County, Nevada**, has been duly requested to quitclaim and reconvey the property mentioned therein, by reason of the payment of the indebtedness secured by said Deed of Trust;

NOW, THEREFORE, IN CONSIDERATION OF said request and payment of its fees in the premises, receipt for which is acknowledged, and payment of said indebtedness, said Trustee DOES HEREBY QUITCLAIM AND RECONVEY to the person or persons legally entitled thereto, but without warranty, all of the property covered by said Deed of Trust now held by said Trustee under the terms of said Deed of Trust.

IN WITNESS WHEREOF, said Wells Fargo Bank, NA, as such Trustee has caused its corporate name and seal to be affixed by its officer, thereto duly authorized.

Dated: **December 28, 2012**

Wells Fargo Bank, NA

By:

*Rhnalee Pickens, Designated
Signer*



STATE OF _____)
 : **ss.**
COUNTY OF _____)

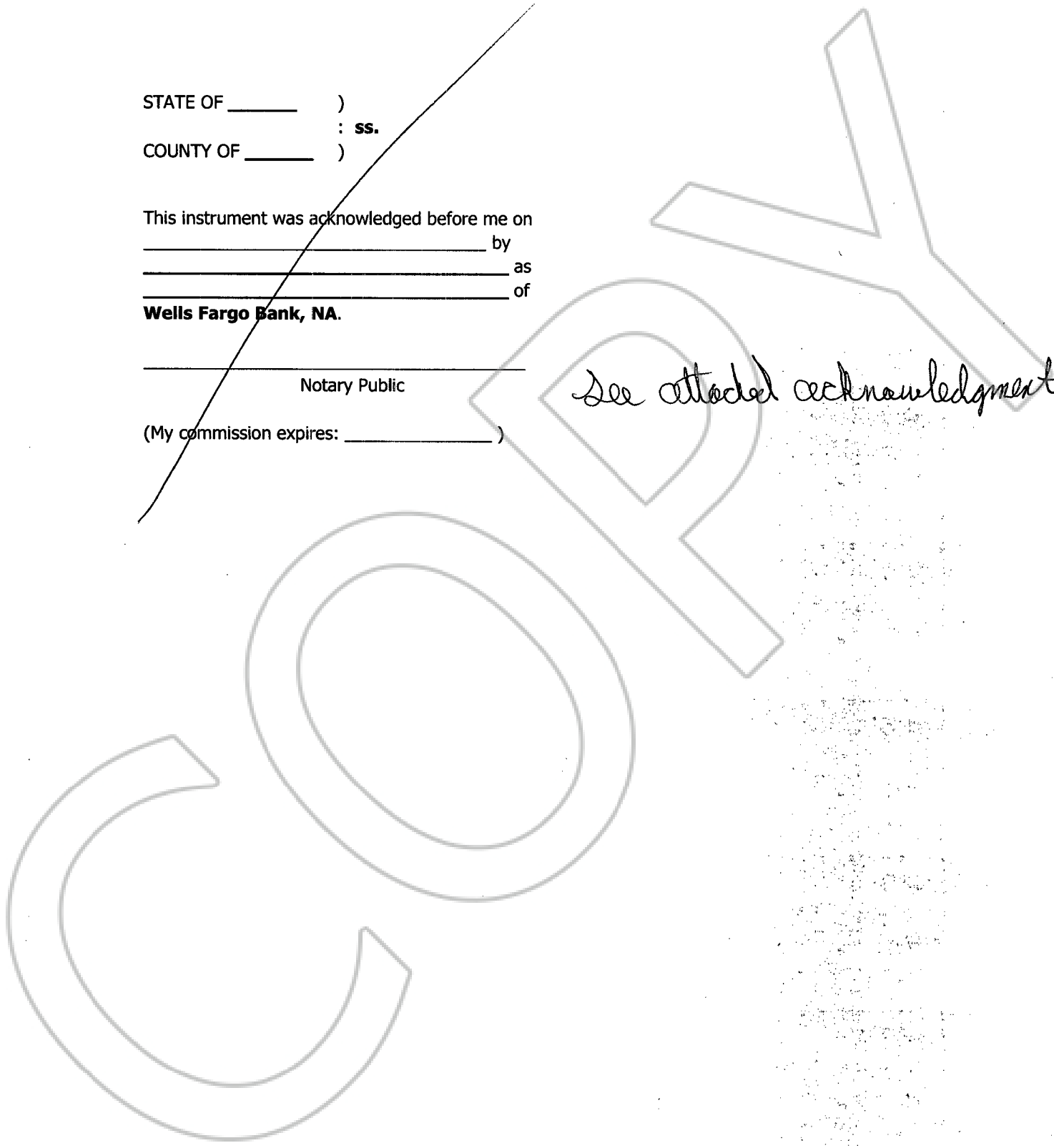
This instrument was acknowledged before me on
_____ by
_____ as
_____ of

Wells Fargo Bank, NA.

Notary Public

(My commission expires: _____)

See attached acknowledgment.





CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

State of California

County of Sacramento

On 2-26-13 before me, Gena Hanson, Notary Public
Date Here Insert Name and Title of the Officer

personally appeared Ahnalee Pickens
Name(s) of Signer(s)

who 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(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Full Reconveyance

Document Date: 12-28-12 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Corporate Officer — Title(s): _____ Corporate Officer — Title(s): _____

Individual Individual

Partner — Limited General Partner — Limited General

Attorney in Fact Attorney in Fact

Trustee Trustee

Guardian or Conservator Guardian or Conservator

Other: _____ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____

