

Parcel Tax ID:
122010401009
State of Nevada
County of Douglas

Mail Tax Statements and When

Recorded Return To:
WELLS FARGO BANK, N.A.
LIEN RELEASE DEPT
MAC F2302-048
P.O. BOX 14469
DES MOINES, IA 50306-9655

Requested By:
WELLS FARGO BANK, N.A.
ELIZABETH PEREZ
1003 E. BRIER DRIVE
SAN BERNARDINO, CA 92408

Loan #: **0417435161**

DOUGLAS COUNTY, NV

2019-940250

Rec:\$35.00

\$35.00 Pgs=2

12/27/2019 02:03 PM

WELLS FARGO BANK, N.A.

KAREN ELLISON, RECORDER

Substitution of Trustee and Full Reconveyance

WHEREAS, the undersigned, WELLS FARGO USA HOLDINGS, INC. successor by merger to WELLS FARGO FINANCIAL NEVADA 2, INC., as the present Beneficiary(ies) under said Deed of Trust hereby substitutes a new Trustee, WELLS FARGO NATIONAL BANK WEST under said Deed of Trust, and WELLS FARGO NATIONAL BANK WEST as Trustee under said Deed of Trust does hereby reconvey, without warranty, to the person or persons legally entitled thereto, the estate now held by Trustee under said Deed of Trust.

WHEREAS, the date of said Deed of Trust, the name of the Trustor who executed the same in the County of Douglas, State of NV, the date of recordation and document number of Official Records of said County where said Deed of Trust is recorded as follows:

Trustor: DELORES SHEETS

Date Recorded: **10/25/2007**

Document Number: 0711826 Book: 1007 Page: 7037

Dated: **12/27/2019**

WELLS FARGO USA HOLDINGS, INC. successor by
merger to WELLS FARGO FINANCIAL NEVADA 2, INC.
By:



KIMBERLY WHITE
Vice President

WELLS FARGO NATIONAL BANK WEST
By:



ELIZABETH PEREZ
TITLE OFFICER

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CA
COUNTY OF **San Bernardino** } s.s.

On **12/27/2019**, before me, **JAVIER A. ARCINIEGA** , a Notary Public, personally appeared **KIMBERLY WHITE** and **ELIZABETH PEREZ** 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.



A handwritten signature in black ink, appearing to read "JA".

JAVIER A. ARCINIEGA , Notary Public
My Commission Expires: **03/22/2023**
Commission #: **2282512**

Version: 499b4dca

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