DOUGLAS COUNTY, NV

WELLS FARGO BANK, N.A.

Pgs=2

KAREN ELLISON, RECORDER

Rec:\$40.00

\$40.00

02/19/2020 12:49 PM

2020-942449

Parcel Tax ID: 1318-24-401-004

State of Nevada County of Douglas Mail Tax Statements and When

Recorded ReturnTo: F0013-012 AU 35101 LIEN RELEASE DEPT WELLS FARGO BANK, N.A.

P.O. BOX 14469

DES MOINES, IA 50306-9655

Requested By:

WELLS FARGO BANK, N.A.

NANCY SIMPSON 1003 E. BRIER DRIVE

SAN BERNARDINO, CA 92408

Loan #: 68224922101998

Substitution of Trustee and Full Reconveyance

WHEREAS, the undersigned, WELLS FARGO BANK, N.A., 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: CLARENCE E GRIM AND CARLENE M GRIM, TRUSTEES OF THE GRIM FAMILY **TRUST**

Date Recorded: 02/19/2015

Document Number: 2015-857184 Book: N/A Page: N/A

Dated: 02/19/2020

WELLS FARGO BANK, N.A.

By:

NANCY SIMPSON

V)ancy

Vice President Loan Documentation

WELLS FARGO NATIONAL BANK WEST

NANCY SIMPSON TITLE OFFICER

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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.

 $\begin{array}{l} \text{STATE OF CA} \\ \text{COUNTY OF San Bernardino} \end{array} \big\} \ \text{S.s.} \\$

On 02/19/2020, before me, SANGITA P. KAPADIA, a Notary Public, personally appeared NANCY SIMPSON and NANCY SIMPSON 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.



SANGITA P. KAPADIA, Notary Public My Commission Expires: 11/05/2021

Commission #: 2217503

Version: 499b4dca

