DOUGLAS COUNTY, NV

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02/26/2020 10:53 AM

Parcel Tax ID: 1420-28-310-052 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.
ELIZABETH PEREZ
1003 E. BRIER DRIVE
SAN BERNARDINO, CA 92408
Loan #: 68217510931998

WELLS FARGO BANK, N.A.
KAREN ELLISON, RECORDER

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: JOSEPH T PRICE AND SUSAN P PRICE, TRUSTEES OR THEIR SUCCESSORS IN TRUST UNDER THE PRICE FAMILY REVOCABLE LIVING TRUST DATED NOVEMBER 13, 2001

Date Recorded: 10/30/2013

Document Number: 832792 Book: 1013 Page: 5752

Dated: 02/26/2020

WELLS FARGO BANK, N.A.

By:

ELIZABETH PEREZ

Vice President Loan Documentation

WELLS FARGO NATIONAL BANK WEST

Rv

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.

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

On 02/26/2020, before me, JAYDE MELISSA CHEEK, a Notary Public, personally appeared ELIZABETH PEREZ 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.



JAYDE MELISSA CHEEK, Notary Public My Commission Expires: 07/02/2021

Commission #: 2203737

Version: 499b4dca

