

Parcel Tax ID: **1318-10-415-022**  
State of Nevada  
County of Douglas

**Mail Tax Statements and When**

**Recorded Return To:**

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.  
JOSEPH SAUCEDA  
1003 E. BRIER DRIVE  
SAN BERNARDINO, CA 92408

Loan #: **68236624381998**

DOUGLAS COUNTY, NV

**2020-949497**

Rec:\$40.00

\$40.00

Pgs=2

**07/21/2020 02:46 PM**

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: BRIAN ASHCRAFT AND NONGPHA NGA PROMPINIT

Date Recorded: **09/12/2016**

Document Number: 2016-887423 Book: N/A Page: N/A

Dated: **07/21/2020**

WELLS FARGO BANK, N.A.

By:



JOSEPH SAUCEDA

Vice President Loan Documentation

WELLS FARGO NATIONAL BANK WEST

By:



JOSEPH SAUCEDA

TITLE OFFICER

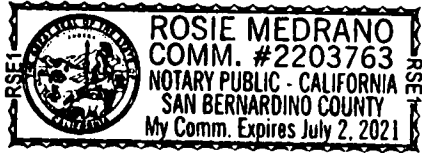
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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

On **07/21/2020**, before me, ROSIE MEDRANO , a Notary Public, personally appeared **JOSEPH SAUCEDA** and **JOSEPH SAUCEDA** 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.



**ROSIE MEDRANO** , Notary Public  
My Commission Expires: **07/02/2021**  
Commission #: **2203763**

Version: 499b4dca

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