2007-000801 Klamath County, Oregon

00013016200700008010020026

01/17/2007 09:56:15 AM

Fee: \$26.00

Recording Requested By, And After Recording, Return To: THOMAS S GOTELLI AND MARI M GOTELLI, TRUSTEES OF THE T.GOTELLI AND M. GOTELLI 1997 FAMILY REVOCABLE TRUST 8400 E HANDEL RD LODI, CA 95240-9410 LOAN # 8910921081

RECONVEYANCE

The undersigned, as Trustee under that certain Deed of Trust executed by Thomas S. Gotelli and Mari M. Gotelli, as Trustees of the Thomas S. Goetelli and Mari M. Gotelli 1997 Family Revocable Trust created March 17, 1997, as Grantor, for the benefit of WELLS FARGO BANK, NATIONAL ASSOCIATION, as Beneficiary, dated as of July 14, 2004, and recorded on July 19, 2004, in Volume M04 at page 47055-74 of the Records of Klamath County, Oregon, does hereby quitclaim and reconvey unto the person or persons legally entitled thereto, without any warranty, all of the right, title and interest now held by said Trustee in and to the real property described in said Deed of Trust, reference being hereby specifically made to said Deed of Trust and the record thereof for a particular description of said real property. This Reconveyance is executed at the written request of the Beneficiary under said Deed of Trust.

IN WITNESS WHEREOF, said Trustee has caused this Reconveyance to be executed as of January 9, 2007.

WELLS FARGO FINANCIAL NATIONAL BANK

Trustee

Ву:

Lara Skaggs Title Officer

OBTAIN NOTARY ACKNOWLEDGMENTS

I:\CRE Loans\Sacramento\Gotelli\Reconveyance1-9-07.DOCC-507_OR.DOC (Rev. 04/05)

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California	
State of California	
County of Contra Costa	7
On $1-9-09$ before me, 1	tricial Knied, Notara Pallie.
personally appeared <u>Lava Ska-</u>	Name and Title of Officer (e.gr., "Jane Doe, Notary Public")
poroconally appeared	Name(s) of Signer(s)
	1
	personally known to me
	$\hfill\Box$ (or proved to me on the basis of satisfactory evidence)
PATRICIA L. FRAZIER Commission # 1614581 Notary Public - Cattornia Contra Costa County My Comm. Expires Oct 18, 2009	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.
	WITNESS my hand and official seal.
Place Notary Seal Above	Jahren & Stanger
	PTIONAL ————————————————————————————————————
Though the information below is not required by law and could prevent fraudulent removal and	r, it may prove valuable to persons relying on the document d reattachment of this form to another document.
Description of Attached Document Title or Type of Document:	lizende
Document Date: 1-9-67	Number of Pages:
Signer(s) Other Than Named Above:	A
Capacity(ies) Claimed by Signer(s) Signer's Name:	☐ Attorney in Fact OF SIGNER
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