This document prepared by:
Jillian Abbate
Wealth Management Loan Operations
85 Cleaveland Rd
Pleasant Hill, CA 94523
After Recording, Return To:
Wells Fargo Bank, NA
Wealth Custom Credit
P.O. Box 3086
Winston-Salem, NC 27101
Loan Number: 0263350059-18

20130717000290700 1/2 \$15.00 Shelby Cnty Judge of Probate, AL 07/17/2013 01:36:19 PM FILED/CERT

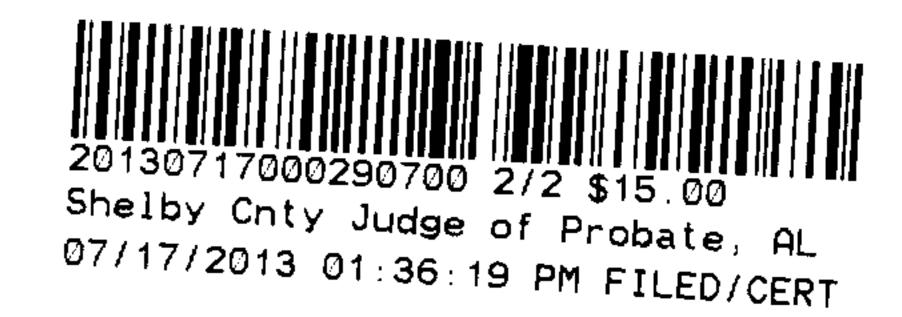
REASSIGNMENT OF RENTS

FOR VALUE RECEIVED, WELLS FARGO BANK, NATIONAL ASSOCIATION SUCCESSOR-IN-INTEREST TO SOUTHTRUST BANK ("Bank") hereby reassigns to **WPH PROPERTIES INC**, without recourse or warranty, all right, title and interest of Bank in and to that certain Assignment of Rents dated as of **February 28, 2002**, executed by **WPH PROPERTIES INC**, as Assignor, in favor of Bank, which Assignment was recorded on **March 11, 2002**, as Instrument No. **2002-11666** in the Office of the Judge of Probate of **Shelby** County, Alabama.

Date: July 13, 2013

WELLS FARGO BANK,
NATIONAL ASSOCIATION
SUCCESSOR-IN-INTEREST TO
SOUTHTRUST BANK

Fe Cynthia P. Donion Vice President



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

State of California	
County of Contra Costa	
11	Villian Abbate, Notary Public
On <u>07/13/13</u> before me,	Here Insert Name and Title of the Officer
	nthia P Denisa
personally appeared	Name(s) of Signer(s)
JILLIAN ABBATE Commission # 1981320 Notary Public - California Contra Costa County My Comm. Expires Jun 8, 2016	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.
Place Notary Seal Above	Signature: AACA6.
	Signature of Notary Public
Though this section is optional, completing this	TIONAL information can deter alteration of the document or sometimes form to an unintended document.
Description of Attached Document	
Title or Type of Document: PEASSIGNMENT O	FRENTS Document Date: 07/13/13
Number of Pages: Signer(s) Other Tha	an Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name: Fe Cynthia P Dov	المحمد Signer's Name:
Corporate Officer — Title(s):	
 □ Partner — □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other: 	 □ Partner — □ Limited □ General □ Individual □ Attorney in Fact □ Trustee □ Guardian or Conservator □ Other:
Signer Is Representing: Well Staving Bank V	Signer Is Representing: