

CASE NUMBER: 33-03-556191924 (Reno)  
Form FmHA CA/NV 1951-4 (07-13-92)  
Recording Requested By  
The United States of America, acting  
through Farmers Home Administration

WHEN RECORDED MAIL TO:

Name Farmers Home Administration  
Street P.O. Box 1300  
Address Minden, NV 89423  
City &  
State \_\_\_\_\_

Space Above This Line for Recorder's Use

Position 5  
UNITED STATES DEPARTMENT OF AGRICULTURE  
FARMERS HOME ADMINISTRATION

FULL RECONVEYANCE

WHEREAS, the undersigned, State Director of the Farmers Home Administration for the State of Nevada (7 USC 1989, 42 USC 1980, 42 USC 2942; 7CFR 1900.2) is now Trustee under the Deed(s) of Trust executed by

CHERIE SCOTT, an unmarried woman to SARAH MERSEREAU, State Director for the State of Nevada, and his or her successors in office, Trustee, dated and recorded in the Official Records of Douglas County, Nevada, as follows:

<u>Date of Instrument</u>	<u>Date Recorded</u>	<u>Volume or Book</u>	<u>Page or File No. and/or Document No.</u>
5/23/85	5/23/85	Book 585	Document No. 117780 Page No. 2048

WHEREAS, the undersigned has been duly and legally requested to reconvey the estate now held by Trustee under said Deed(s) of Trust in and to the real property hereinafter described;

NOW THEREFORE the undersigned does hereby reconvey, but without warranty, to the person or persons legally entitled thereto, the estate of Trustee in all of the lands described in said Deed(s) of Trust, reference being hereby made to said Deed(s) of Trust and the record thereof for a particular description of said real property.

DATED: Dec. 14, 1993.

Sarah Mersereau  
SARAH MERSEREAU  
State Director of the Farmers Home  
Administration for the State of  
Nevada, Trustee.

Nevada  
State of ~~DEKINWOOD~~ )  
County of Carson )

On Dec 14, 1993 before me John Sibley,  
(Date) (Name, Title - Notary Public)  
personally appeared Sarah Mersereau  
Name(s) of Signer(s)

personally known to me - OR  
 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.

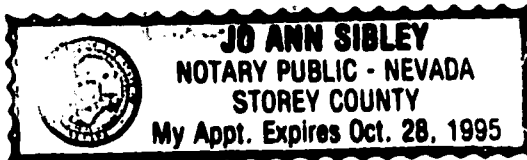
Witness my hand and official seal.

John Sibley  
Signature of Notary

CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL(s)
- CORPORATE OFFICER(s) \_\_\_\_\_ title(s)
- PARTNER(s)
- ATTORNEY-IN-FACT
- TRUSTEE(s)
- SUBSCRIBING WITNESS
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

SIGNER IS REPRESENTING:  
Name of person(s) or entity(ies)



327229

BK 0194PG1612

COPY

REQUESTED BY:  
**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF:  
DOUGLAS CO., NEVADA

90 JUN 10 12:17

327229

BK0194PG1613

SUZANNE BEAUDREAU  
RECORDER  
8:00 PAID K2 DEPUTY