

CASE NUMBER: 33-03-556191924
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

MATTHEW RENO, an unmarried _____ 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>
7/19/89	7/19/89	Book No. 789	Document No. 206939 Page No. 1957

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: December 10, 1993.

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

Nevada
State of ~~MINNESOTA~~)
County of Carson)

On December 10, 1993 before me Jo Ann 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.

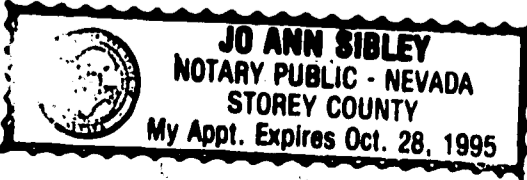
Witness my hand and official seal.

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)

Jo Ann Sibley
Signature of Notary



327231

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COPY

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

94 JUN 10 P12:18

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SUZANNE BEAUDREAU
RECORDER

PAID *8/5* *K 2* DEPUTY