. "	Full Reco	nveyance	
RENEFICIAL MANAGEMENT CORPORA duly appointed Trustee under the followi	•	met:	
TRUSTOR(S): HAROLD E. FEIL AN			JOINT TENANTS
•••••••••••••••••••••••••••••••	••••••	••••••	
Recorded on11/30 Page5209 of Officiel Recor Deed of Trust covering the property desc	, 1992 as Ins ds in the office of the Re cribed as follows:	trument No.294237 ecorder of	UGLAS County, th
See 1	DESCRIPTION AS REC	ORDED	
having been requested in writing, by the the estate granted to Trustee under the thereto, without warranty, all the estate	e Deed of Trust, DOES	HEREBY RECONVEY to	the person or persons legally entitle
Dated12/28	19<u>93</u>. .	BENEFICIAL MANAGOF AMERICA	GEMENT CORPORATION
		By:	
		XX Assistant Tre	8SUF6T
ALIFORNIA ALL RUMBOGE AOM	Nowi Englisht		No. St
ALIFORNIA ALL-PURPOSE ACK		127227	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
State of <u>California</u>	-} <	()	CAPACITY CLAIMED BY SIGNER
County of <u>Alameda</u>	_J \		Though statute does not require the Notary to I'M in the data below, doing so may prove invaluable to persons relying on the document.
On. 2-8-94 before me,	Terry L. Asbury, N	lotary Public	☐ INDIVIDUAL
personally appeared	NAME, TITLE OF OFFICER - E.G., 'JA	INE DOE, NOTARY PUBLIC	X CORPORATE OFFICER(S) Assistant Tressurer TITLE(S)
personally known to me - OR - □ pro	S. D. Pumaill NAME(S) OF SIGNER(S)	of satisfactory syldence	PARTNER(S) LIMITED
Calbersonally known to the 2011 2 Die	to be the personts)	whose name(s) is/assithin instrument and ac-	GENERAL ATTORNEY-IN-FACT
/ /	knowledged to me th	at he/she they executed	TRUSTEE(S)
	capacity(Lank and	healtheir authorized that by his/healtheir	GUARDIAN/CONSERVATOR
TERRY L ASBURY COMM #964369	signature(s) on the ir or the entity upon	nstrument the person(g), behalf of which the	
Notary Public-California ALAMEDA COUNTY	person(a) acted, exe	cuted the instrument.	SIGNER IS REPRESENTING:
My comm. expires APR 22,1936	WITNESS my hand a	and official seal.	NAME OF PERSON(S) OR ENTITY(ES) Beneficial Management
	I-land & a	Sturie	Corporation of America
	SIGNATURE	and the second s	
THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:	TITLE OR TYPE OF DOC	MENT RECON-FEIL	
Though the data requested here is not required by law,		1 DATE OF DOCUM	
it could prevent fraudulent reattachment of this form. ***********************************	SIGNER(S) OTHER THAN	I NAMED ABOVE	
WITE RECUMBED, PLEASE MAIL THI	5		
Remoficial Hortgage Co. 1055 SO. WELLS STE 115 RENO NV 89502			
	}	·	
Order No. PB	1 '	. 8	REQUESTED BY REQUESTED BY REQUESTED BY IN OFFICIAL RECORDS OF DOUGLAS CO NEVADA
		••,	IN OFFICIAL RECORDS OF
Escrow NoPB	1	***	DOUGLAS CO., NEVADA
	•	•	"DOUGLAS CO. NEVADA" 34 FEB 11 MO:20

SUZANNE DE AUDREAU

TOORDER

**PAIU ** DEPUTY

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