

# Full Reconveyance

BENEFICIAL MANAGEMENT CORPORATION OF AMERICA,  
duly appointed Trustee under the following described Deed of Trust:

TRUSTOR(S): PAULA H ANDERSON, AN UNMARRIED WOMAN

Recorded on NOV 1, 1991 as Instrument No. 264153 in Book No. 1191 at  
Page 282 of Official Records in the office of the Recorder of DOUGLAS County, the  
Deed of Trust covering the property described as follows:

SEE DESCRIPTION AS RECORDED

having been requested in writing, by the holder of the obligation secured by the above described Deed of Trust, to reconvey the estate granted to Trustee under the Deed of Trust, DOES HEREBY RECONVEY to the person or persons legally entitled thereto, without warranty, all the estate, title, and interest acquired by Trustee under the Deed of Trust.

Dated DEC 2, 1994

BENEFICIAL MANAGEMENT CORPORATION  
OF AMERICA

By: 

S.D. Pummill  
 Assistant Treasurer  
 Agent and Attorney-in-Fact

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5193

State of California  
County of Alameda

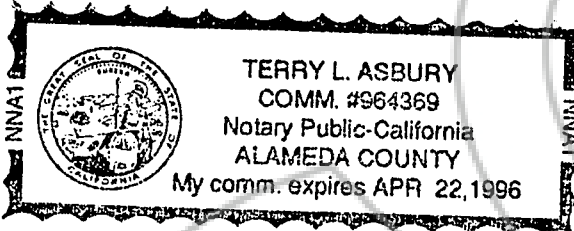
On 1/13/95 before me, Terry L. Asbury, Notary Public  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared S. D. Pummill  
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.

  
SIGNATURE OF NOTARY



### OPTIONAL SECTION

#### CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)  
Assistant Treasurer  
TITLE(S)
- PARTNER(S)  LIMITED  
 GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

#### SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)  
Beneficial Management Corporation of America

### OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT RECON=ANDERSON

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

NUMBER OF PAGES 1 DATE OF DOCUMENT 12/2/94

SIGNER(S) OTHER THAN NAMED ABOVE NONE

WHEN RECORDED, PLEASE MAIL THIS INSTRUMENT TO

Beneficial Mortgage Co.  
1055 SO WELLS STE 115  
RENO NV 89502  
WESTERN TITLE CO  
1626 HWY 395  
MINDEN NV 89423

Order No. ....  
Escrow No. M59423CH

REQUESTED BY  
Beneficial  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 JAN 17 AM 11:23

LINDA SLATER  
RECORDER  
7 PAID ko DEPUTY

354427

BK0195PG2109