## **Full Reconveyance**

| TRUSTOR(S): WILLIAM L KING AND DONNA  | L KING, HUSBAND AND WIFE AS J  | OINT TENANTS.   |
|---|--|---|
| Recorded on FEB 4 Page 0916-0922 of Official Records in the Deed of Trust covering the property described as  | 9.94 as Instrument No329415<br>e office of the Recorder of DOUGLAS   | in Book No  |
| SEE DESCRII   | PTION AS RECORDED  |   |
| naving been requested in writing, by the holder<br>he estate granted to Trustee under the Deed<br>hereto, without warranty, all the estate, title, ar | of Trust, DOES HEREBY RECONVEY to  | the person or persons legally en  |
| Dated, 19.95  | OF AMERICA/  | GEMENT CORPORATION  |
|   | By:  | asurer  |
| LIFORNIA ALL-PURPOSE ACKNOWL  |  | NO<br>SECCERCIPE CENTRAL PROPERTIES CONTRAL PROPERTIES |
| State of <u>California</u>  |  | OPTIONAL SECTION  |
| County of Alameda   |  | CAPACITY CLAIMED BY SIGNER Though statute does not require the Notary to fill in the data below, doing so may prove   |
| On 5/30/95 before me, Terry I   | . Asbury, Notary Public OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"   | invaluable to persons relying on the document.  INDIVIDUAL  X CORPORATE OFFICER(S)  |
| NA NA   | M S MCDIARMID  AME(S) OF SIGNER(S)   | Assistant Treasurer TITLE(S)  |
|   | ne on the basis of satisfactory evidence the person(s) whose name(s) is/asseribed to the within instrument and ac- | PARTNER(S) LIMITED GENERAL ATTORNEY-IN-FACT   |
|   | edged to me that he/   | TRUSTEE(S)  |
|   | same in his/her/their authorized city(iee), and that by his/her/their  | GUARDIAN/CONSERVATOR  |
| COMM. #964369 Signat  | ture(s) on the instrument the person(s),<br>e entity upon behalf of which the                                      | OTHER:  |
| My comm. expires APR 22,1996 person   | n( acted, executed the instrument.   | SIGNER IS REPRESENTING:   |
|   | ESS my hand and official seal.   | NAME OF PERSON(S) OR ENTITY(IES)  |
|   | My Lastying  | Beneficial Management   |
|   | SIGNATURE OF NOTARY  | Corporation of America  |
| THIS CERTIFICATE MUST BE ATTACHED TO TITLE O  | OPTIONAL SECTION RECON-KING  |   |
| THE DOCUMENT DESCRIBED AT RIGHT:  | R TYPE OF DOCUMENT RECON-KING  R OF PAGES $\frac{1}{1}$ DATE OF DOCUM  | ient 5/10/95  |
| Though the data requested here is not required by law,  | · ·  | ONE   |
| t could prevent fraudulent reattachment of this form. SIGNER  | COLORES LIVERANIES VOORE   |   |
| INSTRUMENT TO   |  | Beneficial  |
| Beneficial Mortgage Co.<br>1055 SO WELLS STE 115  |  | IN OFFICIAL RECORDS OF DOUGLAS CO., NEVADA  |
| RENO NV 89502<br>STEWART TITLE  |  | 95 JUN 1 2 A11 :26  |
| P.O. BOX 1029   |  | If therefore, ever anotheres  |
| MINDEN NV 89423 Order No  | 363929   | LINDA SLATER  SE RECORDER   |