

Bank of America

P.O. Box 2240
Brea, CA 92622

FULL RECONVEYANCE

BANK OF AMERICA, NEVADA, a Nevada corporation, as duly appointed Trustee under Deed of Trust hereinafter referred to, having received from holder of the obligations thereunder a written request to reconvey, reciting that all sums of secured by said Deed of Trust and the note or notes secured thereby having been surrendered to said Trustee for cancellation, does hereby RECONVEY without warranty, to the person or persons legally entitled thereto, the estate now held by it thereunder, said Deed of Trust was executed by JOHN L. SHIGLEY AND LINDA R. SHIGLEY, WHO ARE MARRIED TO EACH OTHER and recorded in the official records of DOUGLAS County of Nevada, as follows:
Recorded December 05, 1994 as instrument No. 351975 in Book 1294 Page 0646

IN WITNESS WHEREOF, Bank of America, Nevada, as such Trustee, has caused its corporate name to be hereto affixed by its Authorized Officer, thereunto duly authorized on the date shown in the acknowledgment certificate shown below.

BANK OF AMERICA, NEVADA
[Signature]
By: J. S. RACELIS, Authorized Officer

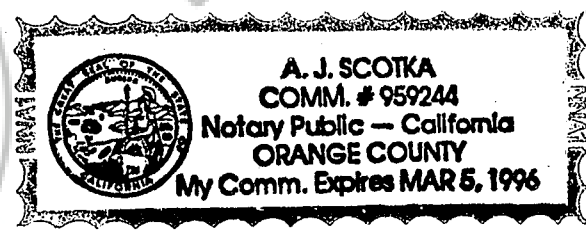
STATE OF CALIFORNIA }
COUNTY OF ORANGE } SS.

On September 05, 1995 before me, A.J. Scotka, a Notary Public in and for said County and State, personally appeared J. S. RACELIS, 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]

(Signature)



RECORDING REQUESTED BY
and when recorded mail to:

JOHN L SHIGLEY
LINDA R SHIGLEY
PO BOX 3912
STATELINE, NV 89449
290086982
ESCROW #:

U1324270

REQUESTED BY
B of A
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 SEP 11 AM 1:31

LINDA SLATER
RECORDER
\$7.00 PAID *[Signature]* DEPUTY

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