

OFFICIAL RECORD

Requested By:

FIRST AMERICAN TITLE COMPANY

APN: 1319-19-212-041

RECORDATION REQUESTED BY/

WHEN RECORDED MAIL TO:

Z SERVICING, INC.
PO Box 11832
Zephyr Cove, NV 89448

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-1006 PG-11020 RPTT: 0.00



SEND TAX NOTICES TO:

DONNA EVANS
JOE BILL
P. O. Box 2338
Stateline, NV 89449

THE SPACE ABOVE THIS LINE
IS FOR RECORDER'S USE ONLY

REQUEST FOR NOTICE
Nevada Revised Section 107.090

In accordance with Nevada Revised Section 107.090, request is hereby made that a copy of any Notice of Default or Notice of Sale under Deed of Trust recorded as:

Document No: 0618069 Recorded: October 13, 2003

Book: 1003 Page: 13631

Official Records: Douglas County, State of Nevada, and describing land therein as:
Legal Description: **LOT 450, AS SHOWN ON THE AMENDED MAP OF SUMMIT VILLAGE, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 17, 1968, AS DOCUMENT NO. 42231, AND ON SECOND AMENDED MAP RECORDED JANUARY 13, 1969, AS DOCUMENT NO. 43419, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.**

Address: The Real Property or its address is commonly known as **235 SOUTH BENJAMIN DRIVE, STATELINE, NEVADA 89449.** The Assessor's Parcel Number for the Real Property is **1319-19-212-041.**

Trustor: DONNA EVANS and JOE BILL

Beneficiary: BNC MORTGAGE, INC., A DELAWARE CORPROATION
"MERS"

Trustee: T.D. SERVICE COMPANY

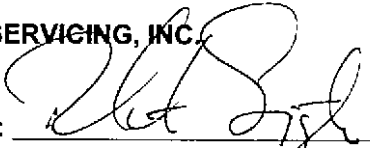
Mail Notices to: **Z SERVICING, INC.**
P. O. BOX 11832
ZEPHYR COVE, NV 89448

NOTICE: A copy of any notice of default and of any notice of sale will be sent only to the address contained in this recorded request. If your address changes, a new request must be recorded.

Dated: October 25, 2006

REQUESTOR:

Z SERVICING, INC.

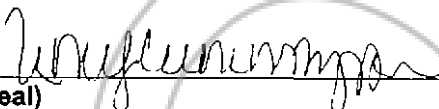
By: 
Mike Sigala, Vice President

CERTIFICATE OF ACKNOWLEDGMENT

STATE OF NEVADA)
) ss
COUNTY OF DOUGLAS)

On 10-25-06, before me, AMY CARAMAZZA, NOTARY PUBLIC, personally appeared MIKE SIGALA 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 
(seal)

