

AP #1: 1319-30-524-003
RECORDING REQUESTED BY

T.D. SERVICE COMPANY

And when recorded mail to
WELLS FARGO BANK
2324 OVERLAND AVENUE
BILLINGS, MT 59102

DOC # 841993
05/02/2014 12:49PM Deputy: SG
OFFICIAL RECORD
Requested By:
LSI Title Agency Inc.
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: \$15.00
BK-514 PG-676 RPTT: 0.00



Space above this line for recorder's use

NOTICE OF RESCISSION
of Declaration of Default and Demand for Sale
and Notice of Default and Election to Sell



T.S. No: F522185 NV Unit Code: F Loan No: 0999563513/NEALIS Investor No: 165730458
Property Address: 266 ORION LANE, UNIT C, STATELINE, NV 89449

NOTICE IS HEREBY GIVEN: That T.D. SERVICE COMPANY is duly appointed Trustee under the following described Deed of Trust:

Trustor: JAMES R NEALIS, DARCY NEALIS

Recorded June 30, 2005 as Instr. No. 0648361 in Book 0605 Page 14992 of Official Records in the office of the Recorder of DOUGLAS County; NEVADA and re-recorded December 5, 2005 as Instr. No. 0662260 in Book 1205 Page 1467 .

Notice is hereby given by this document that the Beneficiary and/or Trustee does hereby rescind, cancel and withdraw said Declaration of Default and Demand for Sale and said Notice of Default and Election to Sell. It is the intention of the Beneficiary that the above described Deed of Trust and all obligations secured thereby shall remain in full force and effect and maintain its rightful priority as if said Declaration and Notice had not been made and given.

Said Notice was Recorded January 12, 2011 as Instr. No. 776854 in Book 111 Page 2727 of Official Records in the office of the Recorder of DOUGLAS County;

Dated April 30, 2014

T.D. SERVICE COMPANY, AS TRUSTEE

BY Cindy Gasparovic
CINDY GASPAROVIC
ASSISTANT SECRETARY

BY _____



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T.S. No: F522185 NV Unit Code: F Loan No: 0999563513/NEALIS Investor No: 165730458

STATE OF CALIFORNIA)
COUNTY OF ORANGE)SS

On 04/30/14 before me, JAMIE VAN KEIRSBELK, a Notary Public, personally appeared CINDY GASPAROVIC, who 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/~~he~~/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.

I certify under penalty of perjury under the Laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

