

DOC # 847683
08/08/2014 03:29PM Deputy: AR
OFFICIAL RECORD
Requested By:
Stewart Title - Carson
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: \$15.00
BK-814 PG-1963 RPTT: 0.00



A.P.N. No.:	1220-15-210-016
Escrow No.:	01415-11750
Recording Requested By:	
Stewart Title	
When Recorded Mail To:	
James A. Hobson	
812 Overland Loop	
Dayton, NV 89403	

(for recorders use only)

FULL RECONVEYANCE

Please complete Affirmation Statement below:

X I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

_____ (State specific law)



Signature

Escrow Agent

Title

Ashley Busse

Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



FULL RECONVEYANCE

In consideration of the payment of the debt or the exoneration of the obligation, the undersigned **BENEFICIARY**, or successor **BENEFICIARY**, at the request of the holder of the note or obligation thereby secured, does hereby remiss, release and reconvey to the person lawfully entitled thereto, without warranty, all the estate now in said **BENEFICIARY**, in the property granted by the Deed of Trust referenced and recorded as follows:

Trustor **JAMES HOBSON**, recorded on **03/11/1999**, Instrument/Trust Number **0463132** in Book **399** Page **2876** of Official Records in the office of the Recorder of **DOUGLAS** County, State of **NV**, has caused its name to be signed to these presents on **7/28/2014**.

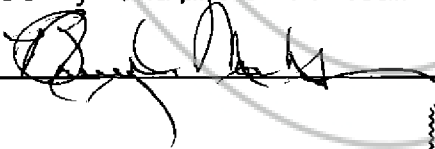
Amwest Surety Insurance Company, BENEFICIARY

By 
Michael J. FitzGibbons, Special Deputy Liquidator

**STATE OF ARIZONA
COUNTY OF MARICOPA**

On **JULY 28, 2014**, before me **Barry D. Marks** Notary Public, personally appeared **Michael J. FitzGibbons**, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signed 
(SEAL)

