RECORDING REQUESTED BY	Rec:\$14.00
	Total:\$14.00 11/04/2014 10:58 A
AND INVENIOUS AND THE SECOND	JOAN RITA KELLEY Pgs
AND WHEN RECORDED, MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:	**************************************
Name: COAN RITA Kelley	
Street 3790 WALKERVIEW	00002585201408521170010014
City, State & Wellingrow NV89444	KAREN ELLISON, RECORDER
TITLE ORDER NO ESCROW NO	\ \
	SPACE ABOVE THIS LINE I ON NECONDERVS USE
	\ \
DEED OF FULL R	ECONVEYANCE
148	45. Truesta a constantina Danel
Whereas, <u>UESTERO TITLE</u> of Trust dated <u>CCT 25, 1994</u> , made and execute	, the Trustee under the Deed d by JOAN RITH KELLEY as Trustor(s)
to CARLMALK MOSA MARILYNY, MALKHUS beneficiary	
on <u>00736, 1994</u> , in Book 1194 at Page 18	
Recorder of DOLGLAS	County, State of NEVADA
having received from Beneficiary under said Dee	
all sums secured by said Deed of Trust have been ful	
notes secured thereby having been surrendered to the reconvey, without warranty, to the person or persons	
heretofore acquired and now held by said Trustee und	
commonly know as 3796 WALKER VIEW RD	
of DOUGLAS, State of	NEVADA , and more particularly
described as follows:	
	MAP OF TOPAZ RAICH ESTATES UNITION Y
	F THE COUNTY RECORDER OF DOUGLAS
AS DOCCHEUT NO SOZIZ, APN 37-1	16,1970 IN BOOK I OF MARS, DAGE 224
	1 Accordance
Date: NOV. 4, 2014	Y Marly O. Marines
	INHELLYD O. MHELZINGS
\ \	CARL MALKINIS
STATE OF NWARA	
COUNTY OF Douglas	RIGHT THUMBPRINT (Optional)
1/11/12/11	
On Nov. 43014 before me, August 1806	, a Notary Public,
personally appeared Court Malkmus in Malkmus	oved to me on the basis of
acknowledged to me that he/she/they executed the same in his/her/ti	
that by his/her/their signature(s) on the instrument the person(s), or the	he entity upon hehalf of which the
person(s) acted, executed the instrument. I certify under PENALTY C	OF PERJURY under the laws of INDIVIDUAL(S)
the State of California that the foregoing paragraph is true and correct	FT CODDOBATE
	(TITLES)
Many and and appropriate of	☐ PARTNER(S) ☐ LIMITED☐ GENERAL
Witness my hand and official seal.	☐ ATTORNEY IN FACT
Signature () of Edular Signature	☐ TRUSTEE(S) ☐ GUARDIAN/CONSERVATOR
Signature (SEAL)	OTHER:
	SIGNER IS REPRESENTING:
	AUDREY L. SLOBE Name of Person(s) or Emity(les)
	Notary Public, State of Nevada
	Appointment No. 05-94000-5 My Appt. Expires Jan 1, 2017

2014-852117

DOUGLAS COUNTY, NV