DOUGLAS COUNTY, NV

Rec:\$15.00

05/04/2015 12:51 PM

2015-861415

Total:\$15.00 CT LIEN SOLUTIONS

Pgs=2

1318-22-002-009, 1318-22-002-011, 1318-22-002-015, 1318-22-002-16, 1318-22-002-102, 1318-22-002-012

Parcel Identification Number

KAREN ELLISON, RECORDER

When Recorded Mail to:

RECORD & RETURN TO CT LIEN SOLUTIONS P.O. BOX 29071 Glendale,CA 91209-9071 47849972-NV5-Douglas

17116

Deed of Trust, in the real property commonly known as:

DEED OF FULL RECONVEYANCE

1050540703 Account #

First Santa Clara Corporation The Trustee under the Deed of Trust dated Lakeside Inn, Inc. 03/20/2009 among A Nevada Corporation Trustor(s), and recorded as 7033 Page Instrument No. 740429 , in Book 309 of the records of of the County Recorder of Douglas County, state of Nevada, having received from the Beneficiary under said Deed of Trust a written request to reconvey, reciting that all sums secured by said Deed of Trust have been fully paid, and said Deed of Trust and the note or notes secured thereby having been surrendered to the Trustee for cancellation, does hereby reconvey, without warranty, to the person or persons legally entitled thereto, all right, title and interest heretofore acquired and now held by said trustee under said

IN TESTIMONY WHEREOF, day of April

Deborah Facciani, 2015

Has hereunto set his/her hands this

First Santa Clara Corporation

Facciani, VP

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California	
County of <u>mesino</u>	_)
On 4 30 15 before me, _	
Date \(\sqrt{1} \)	Here Insert Name and Title of the Officer
personally appeared	1 tacciani
	Name(s) of Signer(s)
subscribed to the within instrument and ac	actory evidence to be the person(s) whose name(s) (s) are knowledged to me that he/she/they executed the same in at by his/her/their signature(s) on the instrument the person(s), n(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.
SANDY ESQUEDA	WITNESS/my hand and official seal.
Commission # 1979113 Notary Public - California	WITHLOOMIN Harid and Official Seal.
Fresno County	Signature 2MMQ/MC/SMAN/0/
My Comm. Expires May 21, 2016	Signature of Notary Public
Place Notary Seal Above	Gigitatare of yvotary 1 pone
	OPTIONAL
	g this information can deter alteration of the document or
	of this form to an unintended document.
Description of Attached Document Title or Type of Document: Decot Fill	
Number of Pages: DNL Signer(s) Other	er Than Nationed Above:
Capacity(ies) Claimed by Signer(s) Signer's Name: Deloron Facci	Signer's Name:
☐ Partner — ☐ Limited ☐ General	Stown □ Corporate Officer — Title(s): □ Partner — □ Limited ☑ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservate	or Trustee Guardian or Conservator
Other:	Other:
Signer Is Representing: Dank Ot MU	What Signer Is Representing:
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