

DOUGLAS COUNTY, NV **2016-890700**
Rec:\$14.00
\$14.00 Pgs=1 11/16/2016 10:58 AM
WELLS FARGO BANK, N.A.
KAREN ELLISON, RECORDER

APN: 1320-29-110-023
State of Nevada
County of Douglas
Loan Number: 65007173471998

WHEN RECORDED MAIL TO:
WELLS FARGO BANK, N.A.
LIEN RELEASE DEPT
MAC X9901-L1R
P.O. BOX 1629
MINNEAPOLIS, MN 55440-9790
RECORDING REQUESTED BY:
MARTHA NOELLE EISENBEIS
WELLS FARGO BANK, N.A.
2701 WELLS FARGO WAY
X9901-L1R
MINNEAPOLIS, MN 55467

FULL RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, that **AMERICAN SECURITIES COMPANY OF NEVADA**, Trustee or successor Trustee under that certain Deed of Trust described below, having received from the Beneficiary under said Deed of Trust a written request to reconvey, reciting that the obligation secured by said Deed of Trust has been fully paid and performed, hereby does grant, bargain, sell and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate, title and interest now held by the undersigned in and to said below described premises by virtue of said Deed of Trust. In construing this instrument and whenever the context hereof so requires, the singular includes the plural.

Original Grantor(s): **DENNIS C BUDA AND CONNIE R BUDA**

Original Beneficiary: **WELLS FARGO BANK, N.A.**

Original Trustee: **AMERICAN SECURITIES COMPANY OF NEVADA**

Loan Amount: \$ **50000.00**

Deed of Trust Dated: **05/14/2003**

Date Recorded: **06/11/2003** Document Number: **0579705**

Book: **0603**

Page: **05017**

and recorded in the records of **Douglas** County, State of **NV**, and more particularly described on said Deed of Trust referred to herein.

IN WITNESS WHEREOF, the undersigned has caused these presents to be executed on this date of **11/16/2016**.

AMERICAN SECURITIES COMPANY OF NEVADA



MARTHA NOELLE EISENBEIS, TITLE OFFICER

State of **MN**

County of **Hennepin**

On **11/16/2016** before me, **LAURE JOAN HALLAMEK**, a Notary Public, personally appeared **MARTHA NOELLE EISENBEIS**, **TITLE OFFICER** 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, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



LAURE JOAN HALLAMEK

My Commission Expires: **01/31/2018**

