DOUGLAS COUNTY, NV

2016-891944

Rec:\$14.00

\$14.00 Pgs=1 12/12/2016 11:03 AM

WELLS FARGO BANK, N.A. KAREN ELLISON, RECORDER

APN: 1420-34-201-019 State of Nevada

County of **Douglas**

Loan Number: 65068912921998

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:

DARLA LAVIGNE PHILIPCZYK 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): ERIC G STURGESS AND PATRICIA L STURGESS

Original Beneficiary: WELLS FARGO BANK, N.A.

Original Trustee: AMERICAN SECURITIES COMPANY OF NEVADA

Loan Amount: \$ 150000.00 Deed of Trust Dated: 01/24/2005

Date Recorded: 02/17/2005 Document Number: 0636924 Book: **0205** Page: **6272**

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

12/12/2016.

AMERICAN SECURITIES COMPANY OF NEVADA

DARLA LAVIGNE PHILIPCZYK, TITLE OFFICER State of MN

County of **Hennepin**

On 12/12/2016 before me, DEBRA CHRISTINE BOYD-KALER, a Notary Public, personally appeared DARLA LAVIGNE PHILIPCZYK, 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.

DEBRA CHRISTINE BOYD-KALER My Commission Expires: 01/31/2017 DEBRA CHRISTINE BOYD-KALER NOTARY PUBLIC - MINNESOTA MY COMMISSION EXPIRES 01/31/2017