DOUGLAS COUNTY, NV

Rec:\$15.00 Total:\$15.00

01/11/2017 11:08 AM

2017-893242

US BANK HOME MORTGAGE

Pgs=2

## \*APN # 1220-02-001-022

Recording Requested By: U.S. BANK HOME MORTGAGE And When Recorded Mail To: U.S. Bank Home Mortgage 4801 Frederica Street P.O. Box 20005 Owensboro, KY 42304

MERS MIN#: 100019977910020144

PHONE#: (888) 679-6377

KAREN ELLISON, RECORDER

Investor #: A74

**FULL RECONVEYANCE** 

Service#: 1383670RL1

Loan#: 6850603310

The undersigned does hereby affirm that this document submitted for recording does not contain personal information about any person.

U.S. BANK NATIONAL ASSOCIATION, as Trustee, or Successor Trustee, Or Substituted Trustee, under Deed of Trust dated JUNE 29, 2015, made by WILLIAM M. GALLAGHER, AN UNMARRIED MAN, Trustor and recorded as Instrument No. 2015-865530 on JUNE 30, 2015, in Book No. ---, at Page No. ---, of Official Records in the office of the Recorder of DOUGLAS County, NEVADA. Said Deed of Trust describes the following property: As more fully described in said Deed of Trust.

And having received from holder of the obligations thereunder 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 said Trustee for cancellation, does hereby RECONVEY, without warranty, to the person or persons legally entitled thereto, the estate now held by it thereunder.

In Witness Whereof, U.S. BANK NATIONAL ASSOCIATION, as Trustee, has caused its name to be hereto affixed by its Officer thereunto duly authorized.

Dated: DECEMBER 28, 2016

U.S. BANK NATIONAL ASSOCIATION

By:

Tiffany Goatee, Officer

Loan#: 6850603310 Srv#: 1383670RL1

Page 2

 $\begin{array}{ll} \text{State of} & \underline{\text{KENTUCKY}} \\ \text{County of} & \underline{\text{DAVIESS}} \end{array} \hspace{0.2cm} \} \text{ ss.}$ 

On DECEMBER 28, 2016, before me, Jeanette Bean, a Notary Public, personally appeared Tiffany Goatee, who 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(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of KENTUCKY that the foregoing paragraph is true and correct. Witness my hand and official seal.

(Notary Name): Jeanette Bean Commission Expires: 08/20/2018

Commission No: 517716

