

DOUGLAS COUNTY, NV

2017-905485

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SECURITY CONNECTIONS INC

KAREN ELLISON, RECORDER

NEVADA

RECORD 2ND

COUNTY OF DOUGLAS

LOAN NO.: 0030844625

PARCEL NO. 1420-07-815-017



PREPARED BY: **FIRST AMERICAN MORTGAGE SOLUTIONS**
WHEN RECORDED MAIL TO: **FIRST AMERICAN MORTGAGE SOLUTIONS**

1795 INTERNATIONAL WAY

IDAHO FALLS, ID 83402

PH. 208-528-9895

MAIL TAX STATEMENTS TO: **KEVIN MORTON**

925 RANCHVIEW CIR CARSON CITY NV 89705

FULL RECONVEYANCE

The Undersigned does hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (per NRS 239B.030)

WHEREAS, **FIRST AMERICAN TITLE INSURANCE COMPANY**, is the Trustee, Successor Trustee, or Substitute Trustee, under that certain Deed of Trust dated **JANUARY 23, 2017**, executed by **KEVIN J. MORTON, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY**, Trustor, to **WESTERN TITLE COMPANY, LLC.**, Original Trustee, for the benefit of **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., SOLELY AS NOMINEE FOR GREATER NEVADA, LLC D.B.A. GREATER NEVADA MORTGAGE, ITS SUCCESSORS AND ASSIGNS**, Original Beneficiary, and recorded on **JANUARY 23, 2017** in Book . at Page . as Instrument No. **2017-893704** of the Official Records in the County Recorder's office of **DOUGLAS** County, State of **NEVADA** and more particularly described on said Deed of Trust referred to herein.

And having received from **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., SOLELY AS NOMINEE FOR GREATER NEVADA, LLC D.B.A. GREATER NEVADA MORTGAGE, ITS SUCCESSORS AND ASSIGNS**, located at **P.O. BOX 2026, FLINT, MICHIGAN 48501-2026**, the Current Beneficiary, a written request to reconvey, reciting that all sums secured by said Deed of Trust have been fully paid, and said Deed of Trust has been surrendered to said Trustee for cancellation, and the Undersigned does hereby **RECONVEY**, without warranty, to the person or persons legally entitled thereto, the estate now held by it thereunder.

IN WITNESS WHEREOF, the Undersigned has caused this Instrument to executed on this **OCTOBER 09, 2017**.

FIRST AMERICAN TITLE INSURANCE COMPANY

AMANDA HAYES, ASSISTANT SECRETARY

POD: 20170927

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DOCUMENT 2 OF 2

MIN: 10021690000019249

MERS PHONE: 1-888-679-6377

STATE OF IDAHO

COUNTY OF BONNEVILLE

) ss.

On **OCTOBER 09, 2017**, before me, **NICHELLE HUTCHINGS**, personally appeared **AMANDA HAYES** known to me to be the **ASSISTANT SECRETARY** of the corporation that executed the instrument or the person who executed the instrument on behalf of said corporation, and acknowledged to me that such corporation executed the same.



NICHELLE HUTCHINGS (COMMISSION EXP. 03/23/2022)
NOTARY PUBLIC

NICHELLE HUTCHINGS
NOTARY PUBLIC
STATE OF IDAHO

CORPORATION