APN: 122009413002

State of Nevada County of Douglas Loan Number:

0093509065

MIN:

100073000935090654 MERS Phone #: SIS #: 1-888-679-6377

Mail Tax Statements and When Recorded

ReturnTo:

Freedom Mortgage Corporation

Lien Release Dept

907 Pleasant Valley Ave., Suite 3

Mount Laurel, NJ 08054

Requested By:

Freedom Mortgage Corporation

Dan Davis

907 Pleasant Valley Ave., Suite 3

Mount Laurel, NJ 08054

\$35.00 Pgs=1

DOUGLAS COUNTY, NV

Rec:\$35.00

10/20/2017 08:17 AM

2017-905837

FREEDOM MORTGAGE CORPORATION

KAREN ELLISON, RECORDER

Substitution of Trustee and Full Reconveyance

WHEREAS, the undersigned, Mortgage Electronic Registration Systems, Inc. as Nominee for Freedom Mortgage Corporation, Its Successors and Assigns, as the present Beneficiary(ies) under said Deed of Trust hereby substitutes a new Trustee, Freedom Mortgage Corporation under said Deed of Trust, and Freedom Mortgage Corporation as Trustee under said Deed of Trust does hereby reconvey, without warranty, to the person or persons legally entitled thereto, the estate now held by Trustee under said Deed of Trust. WHEREAS, the date of said Deed of Trust, the name of the Trustor who executed the same in the County of Douglas, State of NV, the date of recordation and document number of Official Records of said County where said Deed of Trust is recorded as follows:

Trustor: STEPHEN A KOWALCZYK and ERICA M KOWALCZYK husband and wife as joint tenants with right of survivorship

Date Recorded: 03/11/2016 Document Number: 2016-877990 Book: N/A Page: N/A

Dated: 10/09/2017

Mortgage Electronic Registration Systems, Inc. as Nominee for Freedom Mortgage Corporation, Its Successors and Assigns

By:

Freedom Mortgage Corporation

By:

Samantha Beckett Supervisor

Samantha Beckett **Assistant Secretary**

STATE OF IN

COUNTY OF HAMILTON

On 10/09/2017, before me, Eryk Calvin, Notary Public, personally appeared Samantha Beckett,

Assistant Secretary and Samantha Beckett, Supervisor personally known to me (or proved to me the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she/he/they executed the same in her/his/their authorized capacity(ies), and that by her/his/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and signature which certifies as my seal.

ERYK CALVIN
ry Public, State of Indiana **Hamilton County** Commission # 704187 My Commission Expires August 17, 2025

Eryk Calvin, Notary Public

My Commission Expires: 08/17/2025