DOUGLAS COUNTY, NV Rec:\$35.00

2018-919878

Total:\$35.00

09/21/2018 09:00 AM

U.S. BANK HOME MORTGAGE

Pas=2



\*APN # 1220-17-615-024

Recording Requested By: U.S. BANK HOME MORTGAGE And When Recorded Mail To: U.S. BANK MORTGAGE SERVICING P.O. BOX 6060 NEWPORT BEACH, CA 92658-9880 PHONE#: (888) 679-6377 00079885201809198780020020

KAREN ELLISON, RECORDER

Investor #: A74

**FULL RECONVEYANCE** 

Service#: 1767616RL1

Loan#: 2200591100

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 FEBRUARY 09, 2016, made by DIRK JACOB JANSSE AND TESS M JANSSE, HUSBAND AND WIFE, Trustor and recorded as Instrument No. 2016-876729 on FEBRUARY 12, 2016, 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: SEPTEMBER 13, 2018

U.S. BANK NATIONAL ASSOCIATION

Sara Camp, Officer

Loan#: 2200591100 Srv#: 1767616RL1

Page 2

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

On SEPTEMBER 13, 2018, before me, Thomas Mayfield, a Notary Public, personally appeared Sara Camp, 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): Thomas Mayfield Commission Expires: 09/20/2021

Commission No: 587208



