DOUGLAS COUNTY, NV

2019-927306

Rec:\$35.00

\$35.00 Pgs=2

04/01/2019 10:11 AM

FIRST AMERICAN MORTGAGE SOLUTIONS

KAREN ELLISON, RECORDER

Parcel Tax ID: 1220-22-210-112 State of Nevada County of Douglas

WHEN RECORDED MAIL TO:

First American Mortgage Solutions

LR Department

3 First American Way Santa Ana, CA 92707

RECORDING REQUESTED BY:

PHUONG TRAN

First American Mortgage Solutions

LR Department

3 First American Way SANTA ANA, CA 92707

Service Number: 5090746RL1

Loan #: 9774461223

MIN: 100463900007375867 MERS Phone #: (888) 679-6377

FULL RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, that FIRST AMERICAN TITLE INSURANCE COMPANY.

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): WILLIAM B. HILL AND LORI A. HILL, HUSBAND AND WIFE AS JOINT TENANTS

Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR PARAMOUNT EQUITY MORTGAGE, LLC, DBA LOANPAL, ITS SUCCESSORS AND ASSIGNS Original Trustee: RICHARDECRAIG

Loan Amount: \$ 238095.00 Deed of Trust Dated: 05/10/2018

Date Recorded: 05/16/2018 Document Number: 2018-914241 Book: --- Page: ---

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 03/26/2019.

FIRST AMERICAN TITLE INSURANCE COMPANY

Name: Sarah N. Loffler Title: Assistant Secretary A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

 $\begin{array}{l} \text{STATE OF } \textbf{CALIFORNIA} \\ \text{COUNTY OF } \textbf{ORANGE} \end{array} \} \ s.s.$

On 03/26/2019, before me, T. Rios, Notary Public, personally appeared Sarah N. Loffler, 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 California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Public: T. Rios

My Commission Expires: 10/29/2020

Commission #: 2170000

T. RIOS
COMM. #2170000
Notary Public - California
Orange County
My Comm. Expires Oct. 29, 2020