DOUGLAS COUNTY, NV
Rec:$35.00
$35.00 Pgs=1
SECURITY CONNECTIONS INC
KAREN ELLISON, RECORDER

2019-927406
04/02/2019 03:24 PM

NEVADA

RECORD 2ND

COUNTY OF **DOUGLAS**
LOAN NO.: **3000207895**
PARCEL NO. **1420-33-111-036**

WHEN RECORDED MAIL TO: **FIRST AMERICAN MORTGAGE SOLUTIONS**
1795 INTERNATIONAL WAY
IDAHO FALLS, ID 83402
PH. **208-528-9895**
MAIL TAX STATEMENTS TO: **JOSEPH THURSTON**
1364 BRIDLE WAY MINDEN NV 89423

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 **OCTOBER 03, 2017**, executed by **JOSEPH E. THURSTON AND ARLENE D. THURSTON, HUSBAND AND WIFE AS JOINT TENANTS**, Trustor, to **TICOR TITLE OF NEVADA, INC.**, Original Trustee, for the benefit of **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS"), AS NOMINEE FOR BROKER SOLUTIONS, INC. D/B/A NEW AMERICAN FUNDING, ITS SUCCESSORS AND ASSIGNS**, Original Beneficiary, and recorded on **OCTOBER 05, 2017** at Page . as Instrument No. **2017-905270** 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. ("MERS"), AS NOMINEE FOR BROKER SOLUTIONS, INC. D/B/A NEW AMERICAN FUNDING, 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 **APRIL 01, 2019**.

FIRST AMERICAN TITLE INSURANCE COMPANY

LISA M. CARTER, ASSISTANT SECRETARY

STATE OF **IDAHO** COUNTY OF **BONNEVILLE**) ss.

On **APRIL 01, 2019**, before me, **EMILY POTTLE**, personally appeared **LISA M. CARTER** known to me to be the **ASSISTANT SECRETARY** of **FIRST AMERICAN TITLE INSURANCE COMPANY** 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.

EMILY POTTLE (COMMISSION EXP. 09/15/2020)
NOTARY PUBLIC

EMILY POTTLE
Notary Public - State of Idaho
Commission Number 64259
My Commission Expires Sep 15, 2020

POD: 20190325
NA8120114IM - LR - NV

DOCUMENT 2 of 2
MIN: 100376300027875671
MERS PHONE: 1-888-679-6377

COPY