

*APN # 1220-24-701-062
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
MERS MIN#: **100053601315886332**
PHONE#: **(888) 679-6377**



KAREN ELLISON, RECORDER

Investor #: K40 FULL RECONVEYANCE

Service#: 2020751RL1



Loan#: 9903008890

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 **MAY 04, 2017**, made by **CHANCE BEEKHOF A SINGLE PERSON**, Trustor and recorded as Instrument No. **2017-898224** on **MAY 05, 2017**, 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 16, 2019**

U.S. BANK NATIONAL ASSOCIATION

By: _____

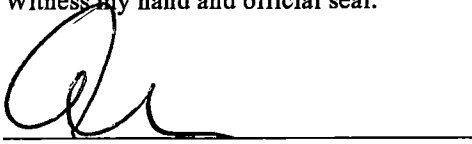
Sara Camp, Officer

Loan#: 9903008890 Srv#: 2020751RL1

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State of KENTUCKY }
County of DAVISS } ss.

On **SEPTEMBER 16, 2019**, before me, **Autumn Williams**, 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): **Autumn Williams**
Commission Expires: **04/29/2023**
Commission No: **622344**

