

DOUGLAS COUNTY, NV

2019-936791

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10/17/2019 10:39 AM

FIRST AMERICAN TITLE INSURANCE COMPANY

KAREN ELLISON, RECORDER

NEVADA

COUNTY OF DOUGLAS

LOAN NO.: 2002131627

PARCEL NO. 1320-29-610-015



RECORD 2ND

WHEN RECORDED MAIL TO: **FIRST AMERICAN MORTGAGE SOLUTIONS**

1795 INTERNATIONAL WAY

IDAHO FALLS, ID 83402

PH. 208-528-9895

MAIL TAX STATEMENTS TO: **DEBORAH WILLIAMS**

1704 MONTICELLO CT 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 **DECEMBER 07, 2015**, executed by **DEBORAH WILLIAMS A SINGLE WOMAN**, Trustor, to **FIRST AMERICAN TITLE INSURANCE COMPANY**, Original Trustee, for the benefit of **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC., AS NOMINEE FOR PRIMELENDING, A PLAINSCAPITAL COMPANY, ITS SUCCESSORS AND ASSIGNS**, Original Beneficiary, and recorded on **DECEMBER 09, 2015** as Instrument No. **2015-873835** 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., AS NOMINEE FOR PRIMELENDING, A PLAINSCAPITAL COMPANY, ITS SUCCESSORS AND ASSIGNS**, located at **P.O. BOX 2026, FLINT, MICHIGAN 48501-2026**, the 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 be executed on this **OCTOBER 11, 2019**.

FIRST AMERICAN TITLE INSURANCE COMPANY

VALENTIN SALCEDO, ASSISTANT SECRETARY

RP8020117IM - LR - NV



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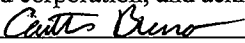


DOCUMENT 1 OF 2

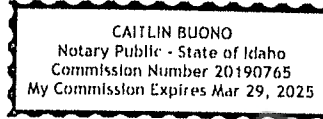
MIN: 100053601314980912
MERS PHONE: 1-888-679-6377

STATE OF IDAHO COUNTY OF BONNEVILLE) ss.

On **OCTOBER 11, 2019**, before me, **CAITLIN BUONO**, personally appeared **VALENTIN SALCEDO** 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.



**CAITLIN BUONO (COMMISSION EXP.
03/29/2025)**
NOTARY PUBLIC



COOPER