

**NEVADA**  
COUNTY OF DOUGLAS

**RECORD 2ND**

DOUGLAS COUNTY, NV **2020-943125**  
Rec:\$40.00  
\$40.00 Pgs=2 **03/05/2020 09:14 AM**  
FIRST AMERICAN MORTGAGE SOLUTIONS  
KAREN ELLISON, RECORDER

PARCEL NO. 142027801021



WHEN RECORDED MAIL TO: **FIRST AMERICAN MORTGAGE SOLUTIONS**  
**1795 INTERNATIONAL WAY**  
**IDAHO FALLS, ID 83402**  
**PH. 208-528-9895**  
MAIL TAX STATEMENTS TO: **TRACY L NELSON**

**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 **JANUARY 14, 2016**, executed by **TRACY L NELSON, AND TIMOTHY C NELSON, WIFE AND HUSBAND**, Trustor, to **RECONTRUST COMPANY, N.A.**, Original Trustee, for the benefit of **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS")**, AS BENEFICIARY, AS NOMINEE FOR BANK OF AMERICA, N.A., ITS SUCCESSORS AND ASSIGNS, Original Beneficiary, and recorded on **JANUARY 15, 2016** as Instrument No. **2016-875404** 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 BENEFICIARY, AS NOMINEE FOR BANK OF AMERICA, N.A., 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 **MARCH 04, 2020**.

**FIRST AMERICAN TITLE INSURANCE COMPANY**

**ILONA DAWIDOWICZ, VICE PRESIDENT**

POD: 20200302  
BA8050117IM - LR - NV



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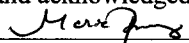
DOCUMENT 2 OF 2

MIN: 100015700091900098  
MERS PHONE: 1-888-679-6377

Attached to the Full Reconveyance dated March 04, 2020

STATE OF ARIZONA COUNTY OF MARICOPA ) ss.

On **MARCH 04, 2020**, before me, **MARIA PUNZO**, personally appeared **ILONA DAWIDOWICZ** known to me to be the **VICE PRESIDENT** 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.

  
\_\_\_\_\_  
**MARIA PUNZO (COMMISSION EXP.  
05/15/2021)  
NOTARY PUBLIC**

