DOUGLAS COUNTY, NV

2020-946554

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FIRST AMERICAN MORTGAGE SOLUTIONS

KAREN ELLISON, RECORDER

**NEVADA** COUNTY OF DOUGLAS

RECORD 2ND

PARCEL No. 1320-29-118-003 

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

## **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 JUNE 16, 2016, executed by AMANDA M LACA, JESSE D LACA, Trustor, to RECONTRUST COMPANY, N.A., Original Trustee, for the benefit of BANK OF AMERICA, N.A., Original Beneficiary, and recorded on JULY 11, 2016 as Instrument No. 2016-884128 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 BANK OF AMERICA, N.A., located at 100 NORTH TRYON STREET, CHARLOTTE, NC 28255, 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 MAY 21, 2020.

FIRST AMERICAN TITLE INSURANCE COMPANY

ILONA DAWIDOWICZ, VICE PRESIDENT

STATE OF ARIZONA

COUNTY OF MARICOPA

) ss.

On MAY 21, 2020, before me, K STURDIVANT, Notary Public, personally appeared ILONA DAWIDOWICZ, VICE PRESIDENT of FIRST AMERICAN TITLE INSURANCE COMPANY, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or entity, who they acted on the behalf of, executed the instrument.

(M K STURDIVANT (COMMISSION EXP. 12/02/2022) **NOTARY PUBLIC** 

K STURDIVANT y Public, State of Arizon Maricopa County Commission # 556290 My Commission Expires December 02, 2022

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