

**NEVADA**  
COUNTY OF DOUGLAS  
LOAN NO.: 0110453966

*RECORD 2ND*

PARCEL NO. 1220-22-410-132  


  
00121805202009556520020027

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO: **FIRST AMERICAN MORTGAGE SOLUTIONS**  
1795 INTERNATIONAL WAY  
IDAHO FALLS, ID 83402  
PH. 208-528-9895  
MAIL TAX STATEMENTS TO: **ROBERT PEPPERDENE**  
1468 MARY JO DR GARDNERVILLE NV 89460

**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 17, 2019**, executed by **ROBERT PEPPERDENE AND VIRGINIA M. PEPPERDENE, WIFE AND HUSBAND AS JOINT TENANTS**, Trustor, to **KHECHOK LANGCHUNG**, Original Trustee, for the benefit of **MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS")**, AS BENEFICIARY, AS NOMINEE FOR THE **FEDERAL SAVINGS BANK, ITS SUCCESSORS AND ASSIGNS**, Original Beneficiary, and recorded on **JANUARY 16, 2020** as Instrument No. **2020-940986** 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 THE **FEDERAL SAVINGS BANK, 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 28, 2020**.

**FIRST AMERICAN TITLE INSURANCE COMPANY**

  
\_\_\_\_\_  
**LISA M. CARTER, VICE PRESIDENT**

POD: 20201020  
FM8020113IM - LR - NV  

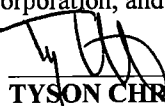

  
DOCUMENT 2 OF 2

MIN: 101012900004443464  
MERS PHONE: 1-888-679-6377

STATE OF IDAHO

COUNTY OF BONNEVILLE ) ss.

On **OCTOBER 28, 2020**, before me, **TYSON CHRISTENSEN**, personally appeared **LISA M. CARTER** 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.



\_\_\_\_\_  
**TYSON CHRISTENSEN (COMMISSION EXP.  
03/29/2025)**  
NOTARY PUBLIC

TYSON CHRISTENSEN  
Notary Public / State of Idaho  
Commission Number 20190756  
My Commission Expires Mar 29, 2025

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