DOUGLAS COUNTY, NV

2020-956138

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11/10/2020 12:23 PM

FIRST AMERICAN MORTGAGE SOLUTIONS

KAREN ELLISON, RECORDER

RECORD 2ND

NEVADA
COUNTY OF DOUGLAS
LOAN NO.: 00003001045757
PARCEL NO. 1221-19-001-017

WHEN RECORDED MAIL TO: FIRST AMERICAN MORTGAGE SOLUTIONS
1795 INTERNATIONAL WAY
IDAHO FALLS, ID 83402
PH. 208-528-9895
MAIL TAX STATEMENTS TO: STRUWE, STEVEN
2011 ROCKING HORSE RD GARDNERVILLE NV 89410-6842

## **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 NOVEMBER 13, 2015, executed by STEVEN T. STRUWE AND CECILE M. STRUWE, MARRIED TO EACH OTHER, Trustor, to U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION, Original Trustee, for the benefit of U.S. BANK NATIONAL ASSOCIATION, Original Beneficiary, and recorded on DECEMBER 11, 2015 as Instrument No. 2015-873971 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 U.S. BANK NATIONAL ASSOCIATION, located at 3751 AIRPARK DRIVE, OWENSBORO, KY 42301, 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 NOVEMBER 10, 2020.

FIRST AMERICAN TITLE INSURANCE COMPANY

ARIEL GERARDO MORAN, VICE

PRESIDENT

STATE OF ARIZONA

COUNTY OF MARICOPA

) ss.

On NOVEMBER 10, 2020, before me, K STURDIVANT, Notary Public, personally appeared ARIEL GERARDO MORAN, 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.

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

POD: 20201019

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