

Parcel Tax ID: **1318-24-411-03**  
State of Nevada  
County of Douglas

Mail Tax Statements and When Recorded  
ReturnTo:  
United Federal Credit Union  
Holly Kirvan  
150 Hilltop Road  
Saint Joseph, MI 49085  
Requested By:  
United Federal Credit Union  
Holly Kirvan  
150 Hilltop Road  
Saint Joseph, MI 49085

DOUGLAS COUNTY, NV      **2021-962925**  
Rec:\$40.00  
\$40.00      Pgs=2      **03/04/2021 08:17 AM**  
UNITED FEDERAL CREDIT UNION  
KAREN ELLISON, RECORDER

### Substitution of Trustee and Full Reconveyance

WHEREAS, the undersigned, United Federal Credit Union, as the present Beneficiary(ies) under said Deed of Trust hereby substitutes a new Trustee, United Federal Credit Union under said Deed of Trust, and United Federal Credit Union as Trustee under said Deed of Trust does hereby reconvey, without warranty, to the person or persons legally entitled thereto, the estate now held by Trustee under said Deed of Trust.

WHEREAS, the date of said Deed of Trust, the name of the Trustor who executed the same in the County of Douglas, State of NV, the date of recordation and document number of Official Records of said County where said Deed of Trust is recorded as follows:

Trustor: **Brian H Turner and Victoria P Turner**

Date Recorded: **01/18/2018**

Document Number: 2018-909345

Original Beneficiary: **United Federal Credit Union**

Date: **03/03/2021**.

Current Beneficiary:  
**United Federal Credit Union**

By:



Name: **Sarah Melcher**

Title:

**Director of Operations Services**

New Trustee:

**United Federal Credit Union**

By:



Name: **Sarah Melcher**

Title: **Director of Operations**

**Services**

STATE OF Michigan } s.s.  
COUNTY OF Van Buren }

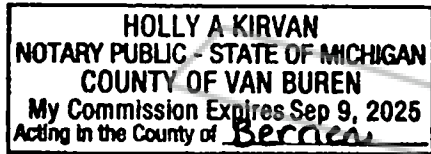
Acting in the county of **Berrien**

On **03/03/2021**, before me, **Holly A Kirvan**, Notary Public, personally appeared **Sarah Melcher, Director of Operations Services of United Federal Credit Union** and **Sarah Melcher, Director of Operations Services of United Federal Credit Union**, personally known to me (or proved to me the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she/he/they executed the same in her/his/their authorized capacity(ies), and that by her/his/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

*Holly A Kirvan*

Notary Public: **Holly A Kirvan**  
My Commission Expires: **09/09/2025**  
Commission #: **N/A**



The notarial act was performed using electronic technology from CSC

Drafted By: **Holly Kirvan**

