

APN# 1321-32-002-037

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: The Quails Nest Trust

Address: 220 Sheridan Creek

City/State/Zip: Gardnerville NV 89460

REQUEST FOR NOTICE OF DEFAULT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

EMILY TOBIAS

Printed Name

This document is being (re-)recorded to correct document # 2021-965896, and is correcting
THE MISSING RECORDED DEED OF TRUST INFORMATION

DOUGLAS COUNTY, NV **2021-965896**
Rec: \$40.00
\$40.00 Pgs=1 **04/21/2021 10:47 AM**
FIRST AMERICAN TITLE MINDEN
KAREN ELLISON, RECORDER

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name The Quails Nest Trust
Street Address 220 Sheridan Creek Ct
City, State Zip Gardnerville NV 89460
APN: 1320-32-002-037

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Request for Notice of Default

Request is hereby made that a copy of any Notice of Default and a copy of any Notice of Sale under the Deed of Trust recorded as Instrument No. _____, on _____ in Book _____, Page _____

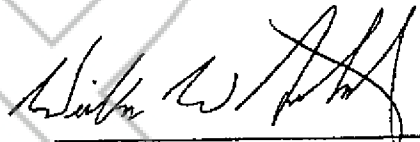
of Official Records of Douglas County, Nevada, executed by CRAIG E. HONNOLL and ALICIA R. HONNOLL, husband and wife as joint tenants, as Trustor, in which The Quails Nest Trust dated 1999, is named as Beneficiary, and FIRST AMERICAN TITLE INSURANCE CORPORATION, a Nebraska Corporation, as TRUSTEE, be mailed to William W. Nichols and Sharon Lee Nichols, Trustees at 220 Sheridan Creek Court, Gardnerville, NV 89460.

NOTICE: A copy of any Notice of Default and any Notice of Sale will be sent only to the address contained in this recorded Request: If your address changes, a new Request must be recorded.

Dated: A. 11. 2021

STATE OF NEVADA
COUNTY OF DOUGLAS

S.S.



William W. Nichols, Trustee

On A. 11. 2021 before me,

Emily Tobias

Notary Public, personally appeared

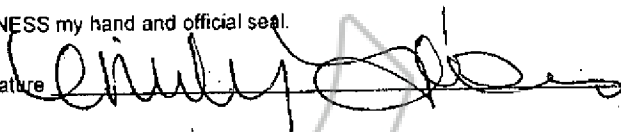
William W. Nichols, trustee

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

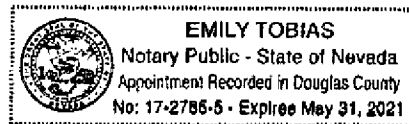
I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(This area for official notarial seal)

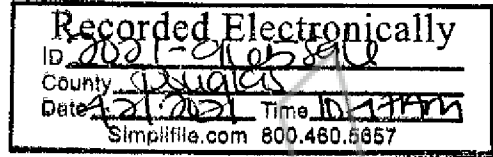


RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name The Quails Nest Trust
Street Address 220 Sheridan Creek Ct
City, State Zip Gardnerville NV 89460

APN: 1320-32-002-037



SPACE ABOVE THIS LINE FOR RECORDER'S USE

Request for Notice of Default

Request is hereby made that a copy of any Notice of Default and a copy of any Notice of Sale under the Deed of Trust recorded as Instrument No. 2021-01058916, on 4-21-2021 in Book n/a, Page n/a

of Official Records of Douglas County, Nevada, executed by **CRAIG E. HONNOLL and ALICIA R. HONNOLL, husband and wife as joint tenants**, as Trustor, in which **The Quails Nest Trust dated 1999**, is named as Beneficiary, and **FIRST AMERICAN TITLE INSURANCE CORPORATION**, a Nebraska Corporation, as TRUSTEE, be mailed to William W. Nichols and Sharon Lee Nichols, Trustees at 220 Sheridan Creek Court, Gardnerville, NV 89460.

NOTICE: A copy of any Notice of Default and any Notice of Sale will be sent only to the address contained in this recorded Request: If your address changes, a new Request must be recorded.

Dated: 4-16-2021

STATE OF NEVADA
COUNTY OF DOUGLAS

S.S.

William W. Nichols, Trustee

On 4-16-2021 before me,
Emily Tobias

Notary Public, personally appeared

William W. Nichols, trustee

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Emily Tobias

(This area for official notarial seal)

