11 - 1 - 11 127	ANTHONYLOEWE
APN# 1022-15-001-137	
Recording Requested by/Mail to:	00147675202109789340020023
Name: Anthony DLoewe	KAREN ELLISON, RECORDER
Name: Anthony D Loewe Address: 3857 Sapphire City/State/Zip: Wellington NV 89444	\ \
City/State/Zip: Wellington NV	
Mail Tax Statements to:	
Name: <u>Same</u>	
Address:	
City/State/Zip:	
Reconveyance	e //
Title of Document (797 27
(Only use if applicab	No.
The undersigned hereby affirms that the docu DOES contain personal information as require	The contract of the contract o
Affidavit of Death – NRS 440.380	\
/ /	0(1)(A) & 101/3 40.323(3)
Judgment – NRS 17.150(4))
Military Discharge – NRS 419.020	0(2)
Signature	
Printed Name	
This document is being (re-)recorded to correct document #_	and is correcting

DOUGLAS COUNTY, NV

Rec:\$40.00

Total:\$40.00

2021-978934

Pgs=2

12/28/2021 11:50 AM

APN: 1022-15-001-137

MAIL TAX STATEMENTS AND WHEN RECORDED RETURN TO:

Mandi L. Loewe & Antony D. Loewe 3857 Sapphire Road, Wellington, NV 89444

DEED OF FULL RECONVEYANCE

The undersigned, WILLIAM JOHN SCULLY as the owner and holder of the Note secured by Deed of Trust dated September 3, 2015 made by ANTHONY D. LOEWE(husband) and MANDI L. LOEWE(wife), Trustor, to WILLIAM JOHN SCULLY, Trustee, for WILLIAM JOHN REVOCABLE TRUST, Beneficiary, which Deed of Trust was recorded 09-08-2015 in Book 1 of Maps, as Document No. 50212, Official Records of Douglas County, Nevada. 2015-869332.

pursuant to the request of said owner and holder and in accordance with the provisions of said Deed of Trust, does hereby RECONVEY WITHOUT WARRANTY, TO THE PERSON OR PERSONS LEGALLY ENTITLED THERETO. All the estate now held by it under said Deed of Trust.

IN WITNESS WHEREOF Trustee, has caused this instrument to be executed, each in its respective interest.

TRUSTEE:
William John Screlly
William John Scully William, John Scully
STATE OF NEVADA)
COUNTY OF 1) anglose)ss:
On December 27, 2021 before me, a Notary Public in and for said County and
State, personally appeared William John Jauly, known to ma to be
the person who acknowledged that he executed the above instrument.
WITNESS my hand and official seal.
Stephanie R Estes
NOTARY PUBLIC in and for County and State.

