

DOUGLAS COUNTY, NV

2024-1012374

Rec:\$40.00

\$40.00

Pgs=1

09/17/2024 01:43 PM

WINGS FINANCIAL CREDIT UNION - HOME EQUITY

SHAWNYNE GARREN, RECORDER

APN: 1418-27-810-053

WHEN RECORDED, RETURN TO:

Wings Financial Credit Union  
14985 Glazier Ave Ste 100  
Apple Valley, MN 55124

**SUBSTITUTION OF TRUSTEE AND REQUEST FOR FULL RECONVEYANCE**

Trustor (s) PERRY T. MUHR AND HEIDI M. MUHR, HUSBAND AND WIFE, AND RICHARD L. MUHR, A SINGLE PERSON

Property Address: 1320 CAVE ROCK DRIVE, GLENBROOK, NEVADA 89413

WHEREAS, Perry T Muhr and Heidi M Muhr, Husband and Wife, and Richard L Muhr, A Single Person, as the original Trustor, FIRST AMERICAN TITLE, the original Trustee, and Wings Financial Credit Union, FKA Wings Financial Federal Credit Union, the Beneficiary, under that certain Deed of Trust, in the amount of \$45,000.00, dated 07/15/2009, and recorded on 08/3/2009, as Instrument No. 0748235 Official Records of the County of Douglas, the State of NEVADA, described as:

LOT 5, AS SHOWN ON THE MAP ENTITLED CAVE ROCK ESTATES UNIT NUMBER 1, FILED FOR RECORD JANUARY 3, 1962, IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NUMBER 19323.

PARCEL ID: 1418-27-810-053

WHEREAS the undersigned Beneficiary desires to substitute a new Trustee under said Deed of Trust in place, now and therefore, the undersigned hereby substitutes (themselves, himself, herself,) as trustee under said Deed of Trust does hereby RECONVEY, without warranty, to the person or persons legally entitled thereto, the estate now held Thereunder.

DATED: September 12, 2024

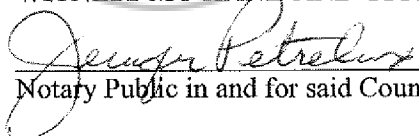
BENEFICIARY AND NEW TRUSTEE

  
Tracy Day, Assistant Secretary  
Wings Financial Credit Union

STATE OF MINNESOTA  
COUNTY OF DAKOTA

On September 12, 2024 before me, the undersigned, a Notary Public in and for said County and State, personally appeared Tracy Day known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name subscribed to the within instrument and acknowledged that he/she executed the same in authorized capacity, and that by his/her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS MY HAND AND OFFICAL SEAL

  
Notary Public in and for said County and State

