

05/14/2014

10:31 AM

AND WHEN RECORDED, MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

Official Record

Recording requested By
MARIAN BYLER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$39.00

Page 1 of 1

RPTT:

Recorded By: AP

Book- 565 Page- 0261



0227312

Name: _____

Street
Address: _____City, State &
Zip code: _____

TITLE ORDER NO. _____ ESCROW NO. _____

DEED OF FULL RECONVEYANCE

Whereas, Muriel M Miles, the Trustee under the Deed of Trust dated 30 March 2009 made and executed by _____ as Trustor(s) to _____ as beneficiary and recorded as Instrument No. 60713 on _____, in Book 63 at Page 251 of the Office Records in the Office of the Recorder of Eureka Eureka County, State of Nevada having received from Beneficiary _____ under said Deed of Trust a written request to reconvey, reciting that all sums secured by said Deed of Trust have been fully paid, and said Deed of Trust and the note or notes secured thereby having been surrendered to the Trustee _____ for cancellation, do _____ hereby reconvey, without warranty, to the person or persons legally entitled thereto, all right, title and interest heretofore acquired and now held by said Trustee under said Deed of Trust, in the real property commonly know as Harold R & Muriel M Miles situated in the County of Eureka, State of Nevada, and more particularly described as follows:

1421 Mustang Rd Sec 27-T22-R 54 W2-W2Date: February 10, 2014Muriel M Miles

_____, as Trustee _____

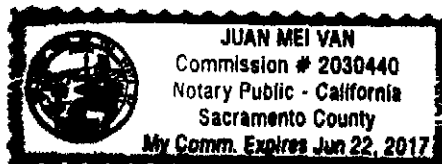
STATE OF California
COUNTY OF Sacramento

On February 10, 2014 before me, Juan Mei Van, a Notary Public, personally appeared Muriel M Miles 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 California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature _____

(SEAL)



RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- ☐ INDIVIDUAL(S)
☐ CORPORATE
 OFFICER(S) _____
☐ PARTNER(S) ☐ LIMITED
☐ ATTORNEY IN FACT ☐ GENERAL
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies)