CASE NUMBER: 33-009-0530420090	101325_
Form FinHA CA/NV 1951-4 (07-13-92)	COM COURSE AT REQUEST OF
Recording Requested By The United States of America, acting	Cow County Title Jan. 10, 1994
wy vimer and a new y	Control of the contro
	10 MINUTES FAST 4 OF
WHEN RECORDED MAIL TO:	2. PUNCK 108 OF OFFICE
	and garie 325 UNCLU
Name	Kurido Setzer
Street Address	Kuriko Deber
City &) columb
• • • • • • • • • • • • • • • • • • •	This Line for Recorder's Use
Position 5 United States Department of A	
FARMERS HOME ADMINISTRAT	HINICULTURE TIOM
FULL RECONVEYANCE	
WHEREAS, the undersigned, State Director of the for the State of _ NEVADA (7 USC 19	Farmers Home Administration
for the State of NEVADA (7 USC 19 7CFR 1900.2) is now Trustee under the Deed(s) of	Trust executed by
GARY C. SIMKINS, also known as CARY CLYDE SIMKING and*	A. CADAU MEDCEDEAU Cont. Discon.
of the Farmers Home Administration for the St	TO SARAH MERSEREAU, State Directo
""" VI I'EI DULLEDSUES IN OTTICA, IFIISTADE Matad a	and recorded in the Official
Records of LINCOLN County, NEVADA	, as follows:
Date of Date Univers	_ / /
Date of Date Volume Instrument Recorded or Book	Page or File No. and/or
	Document No.
August 21, 1981 August 25, 1981 Book 46	Page 180, Inst. No. 73376
WHEREAS, the undersigned has been duly and 1	N
to the person or persons legally entitled thereto all of the lands described in said Deed(s) of Tru made to said Deed(s) of Trust and the record ther description of said real property	st, reference being hereby
description of said real property. * PATRICIA M. SIMKINS, also known as PATRICIA MAE SIMKINS, DATED: 0-4 1993	husband and wife
Sand meron	Lan
State Director of	the Farmers Wome
Administration for	
SA-A- E SAVADA NEVADA	, Trustee.
State of California)	
County of liken	
	CAPACITY CLAIMED BY
	SIGNER
0- 1/12 14 1902 0-0 18 16	{ } INDIVIDUAL(s)
(Date) before me Your Skilling (Date) (Name, Title - Notary Public)	, () CORPORATE
(Date) (Name, Title - Notary Public) personally appeared Arah Musseelle	
Name(s) of Signer(s)	title(s) {
personally known to me - OR	() ATTORNEY-IN-FACT
() proved to me on the basis of satisfactory	(K) TRUSTEE(5)
evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowled	
to me that he/she/thev executed the came in	
his/her/their authorized capacity(jes), and	
that by his/her/their signature(s) on the	() OTHER:
instrument the person(s), or the entity upon	C) UTHER:
behalf of which the person(s) acted, executed the instrument.	
TITE OF MANAGEMENT	SIGNER IS REPRESENTING:
	SIGNER IS REPRESENTING: Name of person(s) or
Witness my hand and official seal.	SIGNER IS REPRESENTING:
Witness my hand and official seal.	SIGNER IS REPRESENTING: Name of person(s) or
Witness my hand and official seal.	SIGNER IS REPRESENTING: Name of person(s) or
John Solin	SIGNER IS REPRESENTING: Name of person(s) or entity(ies)
Signature of Notary JO ANN SIR	SIGNER IS REPRESENTING: Name of person(s) or entity(ies)
Dan Selly	SIGNER IS REPRESENTING: Name of person(s) or entity(ies) LEY NEVADA