CASE MIMBED.	
Form FeHA CA/NV 1951-4 (07-12-05)	\
Recording Requested By The United States of America, acting	\
The United States of America, acting	\
through Farmers Home Administration	\
WHEN RECORDED MAIL TO:	\
	. \
Name LAND Title of William Street 720 5. 7H ST Address Las Vigos NY 89101	~
Address /	
City & Las 6'905 NN 89101	
StateSpace Above Thi	s Line for Recorder's Use
137 338 PM	
Position 5 UNITED STATES DEPARTMENT OF AGRI	CIA TIME
FARMERS HOME ADMINISTRATION	
FULL RECONVEYANCE	
WHEREAS, the undersigned, State Director of the Fa	ermors Home Administration
TOF THE STATE OF NEVAUA 7 1920 1000	AS HER LOOK AS HER BOAS.
7CFR 1990.E) is now Translate under the Deed(s) of Tru	ist executed by
LEO K. STEWART and DELORES E. STEWART, his wife to	SARAH MERSEREAU, State
Director of the Parmers Home Administration for the Ctate	of NEVADA
nis or ner successors in office, Trustee, dated and	recorded in the Official
Records of LINCOLN County, NEVADA	as follows:
Date of Date Volume Pa	age or File No. and/or
Instrument Recorded or Book	Document No.
	7
2/22/72 2/24/72 Book 3 P	age 500, Document No. 51291
	1
WHEREAS, the undersigned has been duly and lega	ally requested to reconvey
the estate now neld by Trustee under gaid Deed(s) of	Trust in and to the real
property hereinafter described;	
AMIL TOPPERSON AND ADDRESS OF THE PARTY OF T	\
NOW THEREFORE the undersigned does hereby recon	vey, but without warranty,
to the person or persons legally entitled thereto, ( all of the lands described in said Deed(s) of Trust	the estate of Trustee in
made to said Deed(s) of Trust and the record thereof	for a particular
description of said real property.	a particular
norm Achd a as loss	
DATED: Citchen Dis 1993.	
State Director of the	
Administration for the	
State of California)	, Trustee.
State of California)	
County of Carson City	
	CAPACITY CLAIMED BY
	SIGNER
on 10/28/93 before me Bachava T Allen	( ) INDIVIDUAL(s)
(Date) (Hame, Title - Notary Public)	OFFICER(s)
personally appeared Sarah Mersereau	title(s)
Name(s) of Signer(s)	( ) PARTNER(s)
( ) personally known to me - OR ( ) proved to me on the basis of satisfactory	<pre>{ ) ATTORNEY-IN-FACT (✓ TRUSTEE(5)</pre>
evidence to be the person(s) whose name(s) is/are	( ) SUBSCRIBING WITNESS
subscribed to the within instrument and acknowledge	( ) GUARDIAN/CONSERVATOR
to me that he/ <u>she/they executed</u> the same in his/ <u>her/their authorized capacity(ies)</u> , and	( ) OTHER:
that by his/her/their signature(s) on the	
instrument the person(s), or the entity unon	
behalf of which the person(s) acted, executed	SIGNER IS REPRESENTING:
the instrument.	Name of person(s) or
Witness my hand and official seal.	entity(ies)
was my manus with Willert at attal.	
B 1 0 au	
BARBARA J. ALLEN	
Signature of Notary Notary Public - State of New	
Appointment Recorded in Churchill MY APPOINTMENT EXPIRES JUNE	
INT APPOINTMENT EXPINESSANE	0, 1334 2

## 101769

THE AND RECORDED AT REQUEST OF

Nevada Title of Nevada

Apr11 27, 1994

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Yuriko Setzer

COUNIY RECU

By Julie Bruchu, Deputy

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