

Official Record

Recording requested By
KIM BOTEILHO

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

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RPTT:

Recorded By: AE

Book- 228 Page- 0545



0128359

APN 1-21-17

APN _____

APN _____

REQUEST FOR FULL RECONVEYANCE

Title of Document

Affirmation Statement

X I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number of any person or persons. (Per NRS 239B.030)

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number of a person or persons as required by law:

(State specific law)

Kim Boteilho
Signature Title

Signature

2-8-07
Date

Grantees address and mail tax statement:

KIM BOTEILHO
P.O. Box 358
PIOCHE, NV 89043



0128359

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REQUEST FOR FULL RECONVEYANCE

DO NOT RECORD

TO TRUSTEE

The undersigned is the legal owner and holder of the note and of all indebtedness secured by the foregoing Deed of Trust. Said note, together with all other indebtedness secured by Deed of Trust, have been fully paid and satisfied; and you are hereby requested and directed, on payment to you of any sums owing to you under the terms of said Deed of Trust, to cancel said note above mentioned, and all other evidences of indebtedness secured by said Deed of Trust delivered to you herewith, together with the said Deed of Trust, and to reconvey, without warranty, to the parties designed by the terms of said Deed of Trust, all the estate now held by you under the same.

Date: 9-18-05

Virginia Kay Phillips
Donna Mae Phillips

Please mail Deed of Trust,
Note and Reconveyance to:

Do Not lose or destroy this Deed of Trust OR THE NOTE which it secures. Both must be delivered to the Trustee for cancellation before reconveyance will be made.

First American Title Company of Nevada

