

NEVADA
COUNTY OF LINCOLN

RECORD 2ND

LINCOLN COUNTY, NV **2020-158341**
\$37.00 Rec:\$37.00 **05/13/2020 09:41 AM**
FIRST AMERICAN TITLE INSURANCE COMPANY KE
OFFICIAL RECORD
AMY ELMER, RECORDER

PARCEL NO. 002-234-04



WHEN RECORDED MAIL TO: **FIRST AMERICAN MORTGAGE SOLUTIONS**
1795 INTERNATIONAL WAY
IDAHO FALLS, ID 83402
PH. 208-528-9895
MAIL TAX STATEMENTS TO: **GARY Q ELMER**

FULL RECONVEYANCE

The Undersigned does hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (per NRS 239B.030)

WHEREAS, **FIRST AMERICAN TITLE INSURANCE COMPANY**, is the Trustee, Successor Trustee, or Substitute Trustee, under that certain Deed of Trust dated **DECEMBER 11, 2013**, executed by **GARY Q ELMER, APRIL D ELMER**, Trustor, to **RECONTRUST COMPANY, N.A.**, Original Trustee, for the benefit of **BANK OF AMERICA, N.A.**, Original Beneficiary, and recorded on **JANUARY 09, 2014** in Book **284** at Page **0540** as Instrument No. **0144788** of the Official Records in the County Recorder's office of **LINCOLN** County, State of **NEVADA** and more particularly described on said Deed of Trust referred to herein.

And having received from **BANK OF AMERICA, N.A.**, located at **100 NORTH TRYON STREET, CHARLOTTE, NC 28255**, the Beneficiary, a written request to reconvey, reciting that all sums secured by said Deed of Trust have been fully paid, and said Deed of Trust has been surrendered to said Trustee for cancellation, and the Undersigned does hereby **RECONVEY**, without warranty, to the person or persons legally entitled thereto, the estate now held by it thereunder.

IN WITNESS WHEREOF, the Undersigned has caused this Instrument to be executed on this **MAY 12, 2020**.

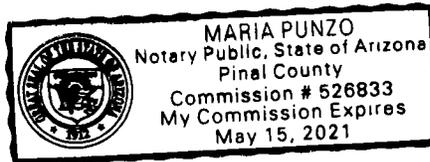
FIRST AMERICAN TITLE INSURANCE COMPANY

ILONA DAWIDOWICZ, VICE PRESIDENT

STATE OF ARIZONA COUNTY OF MARICOPA) ss.

On **MAY 12, 2020**, before me, **MARIA PUNZO**, Notary Public, personally appeared **ILONA DAWIDOWICZ, VICE PRESIDENT** of **FIRST AMERICAN TITLE INSURANCE COMPANY**, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or entity, who they acted on the behalf of, executed the instrument.

MARIA PUNZO (COMMISSION EXP. 05/15/2021)
NOTARY PUBLIC



POD: 20200501
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