

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME

ADDRESS

CITY
STATE & ZIP

PARTIAL RECONVEYANCE

APN NO.:

_____,
the Trustee _____ under the Deed of Trust dated _____, 19_____,
made _____ and _____ executed _____ by

_____ as
Trustor(s), and recorded on _____, 19_____, as Instrument No. _____, in Book
_____, at Page _____, of the Official Records in the Office of the Recorder of
_____ County, State of California, having received from the Beneficiary _____ under said Deed
of Trust a written request to reconvey, do _____ hereby reconvey, in accordance with said request and the provisions of
said Deed of Trust, without warranty, to the person or persons legally entitled thereto, all right, title and interest heretofore
acquired and now held by said Trustee _____, in and to the portion of the real property described in said Deed of Trust,
located in the County of _____, State of California, and described as follows:

Dated _____

STATE OF CALIFORNIA

COUNTY OF _____ } ss.

On _____ before me, _____,
personally appeared _____
personally known to me (or proved to me on the basis of satisfactory evidence) to 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.

WITNESS my hand and official seal.

Signature _____