

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Order No.:

Escrow No.:

APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

### FULL RECONVEYANCE

\_\_\_\_\_, a corporation, as Trustee under that Deed of Trust dated \_\_\_\_\_, \_\_\_\_\_, made by \_\_\_\_\_, Trustor; recorded on \_\_\_\_\_, \_\_\_\_\_ as Instrument No. \_\_\_\_\_, of Official Records in the office of the County Recorder of \_\_\_\_\_ County, California, describing land therein as:

having received from the holder of the obligations secured thereby a written request to reconvey, reciting that all sums secured by said Deed of Trust have been fully paid, and said Deed of Trust and the note or notes secured thereby having been surrendered to said Trustee for cancellation, does hereby RECONVEY, without warranty, to the person or persons legally entitled thereto, the estate now held by it thereunder.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA } S.S.  
COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
Notary Public, personally appeared \_\_\_\_\_  
who proved to me on the basis of satisfactory evidence to be 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**DESCRIPTION OF ATTACHED DOCUMENT**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) other than named above \_\_\_\_\_

**CAPACITY(IES) CLAIMED BY SIGNER(S)**

- INDIVIDUAL
- CORPORATE OFFICER(S)  
TITLE(S) \_\_\_\_\_
- PARTNER(S)-     LIMITED  
                                   GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN OR CONSERVATOR
- OTHER \_\_\_\_\_

Right Thumbprint Of Signer
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- CORPORATE OFFICER(S)  
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- PARTNER(S)-     LIMITED  
                                   GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN OR CONSERVATOR
- OTHER \_\_\_\_\_

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Top of thumb here

**SIGNER IS REPRESENTING:**

\_\_\_\_\_  
\_\_\_\_\_