RECORDING REQUESTED BY	
AND WHEN RECORDED, MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:	
Name:	
Street Address:	
City, State & Zip code :	
TITLE ORDER NO ESCROW NO	

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEED OF FULL RECONVEYANCE

Whereas,	, the Trustee	under the Deed
of Trust dated	, the Trustee, the Trustee, made and executed by as beneficiary and recorded as Instrument N at Page of the Office Records in	as Trustor(s)
to	as beneficiary and recorded as Instrument N	0,
on, in Book _	at Page of the Office Records in	n the Office of the
Recorder of	County, State of ry under said Deed of Trust a written request to r	 ,
all sums secured by said Deed on notes secured thereby having be reconvey, without warranty, to the heretofore acquired and now he	of Trust have been fully paid, and said Deed of Trust een surrendered to the Trustee for cancellation, he person or persons legally entitled thereto, all right eld by said Trustee under said Deed of Trust, in the re s, State of, and	and the note or do hereby , title and interest eal property
Date:		
STATE OF		, as Trustee
STATE OF COUNTY OF		RIGHT THUMBPRINT (Optional)
)n before me,	, a Notary Public, , a Notary Public, who proved to me on the basis of	
eatisfactory evidence to be the person(s) who acknowledged to me that he/she/they execut that by his/her/their signature(s) on the instru	ose name(s) is/are subscribed to the within instrument and ted the same in his/her/their authorized capacity(ies), and ament the person(s), or the entity upon behalf of which the certify under PENALTY OF PERJURY under the laws of	CAPACITY CLAIMED BY SIGNER(S INDIVIDUAL(S) CORPORATE OFFICER(S)
Vitness my hand and official seal.		☐ PARTNER(S) ☐ LIMITED ☐ GENERAL ☐ ATTORNEY IN FACT ☐ TRUSTEE(S) ☐ GUARDIAN/CONSERVATOR
Signature	(SEAL)	OTHER:
		SIGNER IS REPRESENTING: Name of Person(s) or Entity(ies)