RECORDING REQUESTED BY:

WHEN RECORDED MAIL THIS DEED
AND TAX STATEMENTS TO

NAME

ADDRESS

CITY
STATE & ZIP

DEED OF FULL RECONVEYANCE

_____
_____, the Trustee___ under the Deed of Trust dated
_____, _____, made and executed by _____
_____ as Trustor(s), and recorded as Instrument No. _____on _____, _____, in Book _____ at page_____, of the Official records in the office of the Recorder of _____ County, State of California, having received from the beneficiar__ under said Deed of Trust 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 therby having been surrendered to the Trustee___ for cancellation, do__ hereby reconvey, without warranty, to the person or persons legally entitled thereto all right, title and interest heretofore acquired and now held by said Trustee__ under said Deed of Trust, in the real property commonly known as
_____, situated in the County of Madera, State of California.

Dated _____, _____

_____
_____,
As Trustee

STATE OF CALIFORNIA }
COUNTY OF } S.S.

On _____ before me,
_____, (here insert name and title of the officer), 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_____

There are no representations or warranty, express or implied, as to the fitness of this form for any specific use or purpose. If you have any question, it is always best to consult a qualified attorney before using this or any legal document.