

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 _____, made and executed by _____ as Trustor(s) to _____ as beneficiary and recorded as Instrument No. _____, on _____, in Book _____ at Page _____ of the Office Records in the Office of the Recorder of _____ County, State of _____ having received from Beneficiary _____ 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 thereby 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 know as _____ situated in the County of _____, State of _____, and more particularly described as follows:

Date: _____

_____, as Trustee _____

STATE OF _____
COUNTY OF _____

On _____ before me, _____, a 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.

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.

Witness my hand and official seal.

Signature _____ (SEAL)

RIGHT THUMBPRINT (Optional)



CAPACITY CLAIMED BY SIGNER(S)

- INDIVIDUAL(S) _____
- CORPORATE _____
OFFICER(S) _____
- PARTNER(S) _____
(TITLES)
 LIMITED
 GENERAL
- ATTORNEY IN FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies)

