SPACE ABOVE THIS LINE FOR RECORDER'S USE

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

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:

STATE OF COUNTY OF

 , as Trustee

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.

**CAPACITY CLAIMED BY SlGNER(S)**

RIGHT THUMBPRINT (Optional)

INDIVIDUAL(S )

CORPORATE OFFICER(S)

(TITLES)

Witness my hand and official seal.

PARTNER(S)

ATTORNEY IN FACT TRUSTEE(S)

LIMITED GENERAL

Signature (SEAL)

GUARDIAN/CONSERVATOR

OTHER:

SIGNER IS REPRESENTING:

Name of Person(s) or Entity(ies)