

ESCROW NO:

REQUEST FOR FULL RECONVEYANCE

To: FIDELITY NATIONAL TITLE INSURANCE COMPANY, Trustee

The undersigned is the legal owner and holder of the Note or Notes for the total original sum of \$ _____ and of all other indebtedness secured by Deed of Trust dated _____, executed by:

_____, as Trustor,
to FIDELITY NATIONAL TITLE INSURANCE COMPANY, as Trustee, and recorded as Instrument No. _____ on _____, in Book _____, at Page _____, of Official Records, in the office of the _____ County Recorder of _____ County, California.

Said Note or Notes, together with all other indebtedness secured by said Deed of Trust, have been fully paid and satisfied; and you are hereby requested and directed, upon payment to you of any sums owing to you under the terms of said Deed of Trust, to cancel said Note or Notes above mentioned, and all other evidences of indebtedness secured by said Deed of Trust delivered to you herewith, together with the said Deed of Trust, and to reconvey, without warranty, to the parties designated by the terms of said Deed of Trust, all the estate now held by you under the same.

Mail Reconveyance to: _____

Date: _____

STATE OF CALIFORNIA
COUNTY OF _____

ON _____ before me,
_____ personally appeared

_____ personally known to me (or 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.

Witness my hand and official seal.

Signature _____