Recording requested by (name):

FirstName MiddleName LastName

After Recording Return To:

FirstName MiddleName LastName

In Care Of Rural Route Address,  
City, State Spelled Out Republic   
Zip Exempt Near [Zip Code]

Recorder’s Use Only

DEED OF FULL RECONVEYANCE

FIRST MIDDLE LAST, FIRST MI LAST, First Middle Last, as Known and Unknown ENTITIES, under the Birth Registration #birth number and Linked to Social Security Registration #SSN originating at Birth hospital in City of birth city, birth county County, State of birth state and Originally requested by All Caps Father’s Name and All caps mothers name as Parents, Legal Guardians, Signatories, and Trustee(s), And as held in CESTUI QUE VIE Trust dated birth day, Day of birth month, birth year and as recorded on the recorded day, Day of recorded month, recorded year as Local File No. Local File #, of Official Records of Birth county County, Department of Human Resources of the State of birth state, Republic, On and for the behalf of the United States; covering the following described properties:

ALL VARIATIONS OF NAME, and any Other unknown variation thereof;

Having received from holder of the obligations thereunder a written request to reconvey, reciting that all sums secured by the Deed of Trust have been fully paid, and said Deed of Trust and the note or notes secured thereby having been surrendered to said Trustee for cancellation, does hereby RECONVEY without warranty, to the living soul legally entitled thereto, do hereby CLAIM the entire estate, including the minor account, now held by it or by successors, Parent Corporations or subsidiaries of the United Nations, United States, State of birth state, or Variations thereof, Shall Convey all Known and Unknown said Trust and Property to;

FirstName MiddleName LastName,

IN WITNESS WHEREOF, FirstName MiddleName LastName, as Trustee, has caused its Autograph as witnessed below.

Date: , day of , in the year of our Lord Two Thousand Twenty one FirstName MiddleName LastName, As trustee Sui Juris, Jus Soli

By:

STATE OF STATE

# COUNTY OF COUNTY,

# as Notary and Jurat Certificate On \_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

# And State state, County County as Notary Public personally appeared Your Full Name with satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her Autograph on the instrument, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of State that the foregoing paragraph is true and correct.

before me,

Witness my hand and official seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (SEAL)

a Notary Public, who proved to me on the basis of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

CAPACITY CLAIMED BY Autograph

as a Living Soul, Sui Juris, Jus Soli