DISCLAIMER: This document is provided by the Montana Land Title Association (MLTA) for your convenience only and shall not be construed to effectively accomplish reconveyance. The MLTA takes no responsibility for its content to accomplish this or any other purpose. Your attorney and/or underwriter should review any documents to reconvey property.

RECONVEYANCE OF TRUST INDENTURE

(Name of title insurer or title insurance producer) _____authorized to conduct business in this state reconveys, without warranty, the following trust property located in **(Name of county**)_____ in State of Montana, that is covered by a trust indenture naming **(Name of grantor)_____** as grantor, and (**Name of Beneficiary) _____** as beneficiary that was recorded on **(Date)_____** in book _____ at page _____ as document number **_____ (insert a description of the trust property).**

The undersigned title insurer or title insurance producer certifies as follows:

1. The undersigned title insurer or title insurance producer has fully paid the obligation secured by the trust indenture or possesses satisfactory evidence of the full payment of the obligation secured by the trust indenture.

2. As required by [section 2], the title insurer or title insurance producer delivered to the beneficiary or servicer a notice of intent to reconvey and a copy of the reconveyance.

3. The trust indenture has not been reconveyed and the title insurer or title insurance producer did not receive, within 90 days from the day on which the title insurer or title insurance producer delivered the notice of intent to reconvey to the beneficiary or servicer, a notice from the beneficiary or servicer, sent by certified mail, that the obligation secured by the trust indenture has not been paid in full or that the beneficiary or servicer objects to the reconveyance of the trust indenture.

_____ Date: _____
Name of Title Insurer or Title Insurance Producer

STATE OF _____
COUNTY OF _____
This instrument was acknowledged before me on _____, by _____, as the _____ of _____.

_____
Notary Printed Name:_____
Notary Public for the State of Montana
Residing at_____
My Commission expires_____