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Assessor's/Tax ID No. 1318-23-212-054

Recording Requested By: WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL PO BOX 45179 JACKSONVILLE, FL 32232-5179 Mashinston Matual
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 NOV -9 AM 10: 06

WERNER CHRISTEN
RECORDER

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DEED OF RECONVEYANCE

WASHINGTON MUTUAL - CLIENT 156 #:0082144502 "NELSON" Lender ID:A01/013/0082144502 Douglas, Nevada PIF: 09/14/2004

WHEREAS CALIFORNIA RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: DEBRA S NELSON, A MARRIED WOMAN AS HER SOLE AND SEPARATE PROPERTY

Beneficiary: WASHINGTON MUTUAL BANK, FA

Original Beneficiary: WASHINGTON MUTUAL BANK FA, A FEDERAL ASSOCIATION

Original Trustee: CALIFORNIA RECONVEYANCE COMPANY

Dated: 11/07/2003 Recorded on: 11/13/2003

Doc/Inst. No.: 0596673 Book: in Book/Reel/Liber: 1103 Page: Page/Folio: 05851

County of Douglas State of Nevada

AND WHEREAS, the above said Deed of Trust has been paid in Full;

NOW THEREFORE, the present Trustee having received from the present owner of the beneficial interest under said Deed of Trust and the obligations secured thereby a request to reconvey by reason of the obligations secured by said Deed of Trust, DOES HEREBY RECONVEY, without warranty, to the person or persons legally entitled thereto, the estate, title and interest now held by it under said Deed of Trust in said Douglas County, State of Nevada, describing the land therein as more fully described in said Deed of Trust.

Property Address: 128A HOLLY LN, ZEPHYR COVE, NV 89448

\$&\$\$&\$WAMT*10/22/2004 03;28:01 PM* WAMU03WAMU00000000000001966052* NVDOUGL* 0082144502 NVDOUGL_TRUST_REL *\$&\$*\$&\$WAMT*

DEED OF RECONVEYANCE Page 2 of 2

By CALIFORNIA RECONVEYANCE COMPANY as Trustee On October 22nd, 2004

D SAUNDERS, ASST SECRETARY

STATE OF Florida COUNTY OF Duval

On October 22nd, 2004, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared D SAUNDERS, ASST SECRETARY, personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

WITNESS my hand and official seal, Helido Medic

Notary Expires: / /

VELIDA MEDIC

Notary Public - State of Florida

My Commission Expires Jun 1, 2007

Commission # DD 2: 7020

(This area for notarial seal)

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