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DOC # 0636468
02/11/2005 08:22 AM Deputy: KLJ
OFFICIAL RECORD
Requested By:
PROVIDENT FUNDING ASSOCIATES

RECORDING REQUESTED BY:
Provident Funding Associates, L.P.
1235 N. Dutton Avenue, Suite E
Santa Rosa, CA 95401

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 1 Fee: 17.00
BK-0205 PG- 3817 RPTT: 0.00

WHEN RECORDED MAIL TO:
Mail Tax Statements To: APN: 11-114-02

✓
**RYAN D. HAWS,
CAREY B. HAWS,
PO BOX 10506
ZEPHYR COVE, NV 89448**




SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE

Loan # 0309010077 Parcel# 11-114-02
Property: 459 ANDRIA DRIVE , STATELINE, 89449

The undersigned, the present Beneficiary under that certain Deed of Trust executed by **RYAN D. HAWS, CAREY B. HAWS, HUSBAND AND WIFE** , Trustor, to **FIRST AMERICAN TITLE INSURANCE COMPANY, A CALIFORNIA CORPORATION** as original Trustee and recorded on 2/10/1999 as Instrument No. **0460860** in Book **0299**, Page **2215-2224**, of the Official Records of **DOUGLAS** County, NV, here by substitutes **Provident Funding Associates, L.P., A California Limited Partnership**, as the new and substituted Trustee thereunder in accordance with the terms and provisions contained therein, whose address is 1235 N. Dutton Avenue, Suite E., Santa Rosa, CA 95401, as such duly appointed and substituted Trustee thereunder, the undersigned hereby states that all sums secured by said Deed of Trust have been fully paid and satisfied and hereby reconveys to the person or persons legally entitled thereto, without warranty, all of the estate, title and interest acquired by the original Trustee and by the undersigned as the substituted Trustee under the Deed of Trust. The singular includes the plural wherever the text of this document so requires

DATED: 01/27/2005

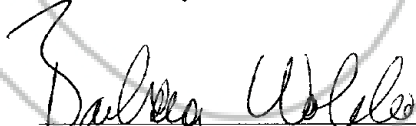
Provident Funding Associates, L.P., A California Limited Partnership

By: 
Name: **Renee Parker**
Title: **Assistant Vice President**

STATE OF CALIFORNIA
COUNTY OF SONOMA

On January 27, 2005 before me Barbara Wolsko personally appeared Renee Parker, 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 this instrument.

WITNESS my hand and official seal.


Barbara Wolsko, California Notary Public
My Commission Expires: 8/6/2008

