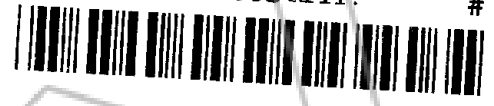


DOC # 0640685  
04/01/2005 11:20 AM Deputy: PK  
OFFICIAL RECORD  
Requested By:  
WASHINGTON MUTUAL

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 of 2 Fee: 15.00  
BK-0405 PG-00363 RPTT: # 0



15-

Assessor's/Tax ID No. 1220-09-414-002

Recording Requested By:  
WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179

**DEED OF RECONVEYANCE**

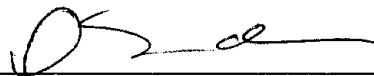
WASHINGTON MUTUAL - CLIENT 156 #:0646082164 "DIAS" Lender ID:A01/017/0646082164  
Douglas, Nevada PIF: 03/16/2005  
WHEREAS CALIFORNIA RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: RONNIE DIAS AND JANNA DIAS HUSBAND AND WIFE AS JOINT TENANTS  
Beneficiary: WASHINGTON MUTUAL BANK, FA  
Original Beneficiary: WASHINGTON MUTUAL BANK, FA  
Original Trustee: CALIFORNIA RECONVEYANCE COMPANY  
Dated: 06/25/2003  
Recorded on: 07/02/2003  
Doc/Inst. No.: 582313 Book: in Book/Reel/Liber: 703 Page: Page/Folio: 933  
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 : 1250 SIERRA VISTA DR, GARDNERVILLE, NV 89460

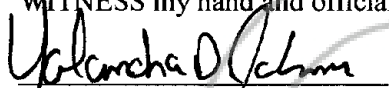
By CALIFORNIA RECONVEYANCE COMPANY as Trustee  
On March 25th, 2005

  
\_\_\_\_\_  
D SAUNDERS , ASST SECRETARY

STATE OF Florida  
COUNTY OF Duval

On March 25th, 2005, 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,

  
\_\_\_\_\_  
Notary Expires: 3/1/09

  
Yolandra D. Johnson  
Commission # DD401903  
Expires March 1, 2009  
Bonded Troy Pain - Insurance, Inc. 800-225-7010

(This area for notarial seal)