

Assessor's/Tax ID No. 1319-18-312-022

Recording Requested By:
WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179

DOC # 0640687
04/01/2005 11:28 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-00367 RPTT: 0.00



DEED OF RECONVEYANCE

WASHINGTON MUTUAL - CLIENT 156 #:0618557367 "BIKORIZ" Lender ID:F75/209/1684876836
Douglas, Nevada PIF: 03/15/2005
WHEREAS CALIFORNIA RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: NIKOLAI BIKORIZ AND ELENA KHARITONOVA , HUSBAND AND WIFE

Beneficiary: WASHINGTON MUTUAL BANK, FA

Original Beneficiary: WASHINGTON MUTUAL BANK , FA

Original Trustee: CALIFORNIA RECONVEYANCE COMPANY

Dated: 12/03/2002

Recorded on: 12/06/2002


Doc/Inst. No.: 0560054 Book: in Book/Reel/Liber: 1202 Page: Page/Folio: 3066

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 : 389 BARRETT DR, STATELINE, NV 89449

By CALIFORNIA RECONVEYANCE COMPANY as Trustee
On March 24th, 2005

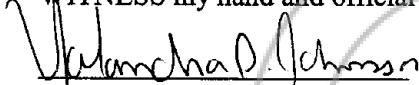


D SAUNDERS , ASST SECRETARY

STATE OF Florida
COUNTY OF Duval

On March 24th, 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 Fair - Insurance, Inc. 800-385-7019

(This area for notarial seal)

