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Assessor's/Tax ID No. 1220-21-610-121

Recording Requested By:  
WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179

DOC # 0640688  
04/01/2005 11:30 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-00369 RPTT: 0.00



**DEED OF RECONVEYANCE**

WASHINGTON MUTUAL - CLIENT 156 #:0059688150 "THIESSEN" Lender  
ID:F33/641/1678447298 Douglas, Nevada PIF: 03/15/2005

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

Trustor: DAVID W THIESSEN AND PEGGY L THIESSEN

Beneficiary: WASHINGTON MUTUAL BANK, FA

Original Beneficiary: WASHINGTON MUTUAL BANK FA, A FEDERAL ASSOCIATION

Original Trustee: CALIFORNIA RECONVEYANCE COMPANY

Dated: 09/20/2001

Recorded on: 09/26/2001

Doc/Inst. No.: 0523568 Book: in Book/Reel/Liber: 0901 Page: Page/Folio: 6378

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 : 1335 HONEYBEE LN, GARDNERVILLE, NV 89410

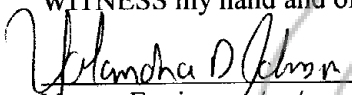
By CALIFORNIA RECONVEYANCE COMPANY as Trustee  
On March 24th, 2005


  
\_\_\_\_\_  
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 Fain - Insurance, Inc. 800-385-7019

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(This area for notarial seal)