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OFFICIAL RECORD
Requested By:
WASHINGTON MUTUAL

Assessor's/Tax ID No. 132029212028

Recording Requested By:
WASHINGTON MUTUAL BANK FA

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 2 Fee: 15.00
BK-0405 PG- 6371 RPTT: 0.00

When Recorded Return To:

✓
WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179



DEED OF RECONVEYANCE

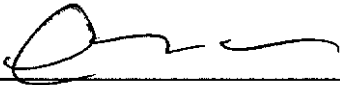
WASHINGTON MUTUAL - CLIENT 156 #:0682448709 "THOMAS" Lender ID:R85/003/682448709
Douglas, Nevada PIF: 03/31/2005
WHEREAS CALIFORNIA RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: RICHARD L THOMAS AND KATHRYN DIANE THOMAS
Beneficiary: WASHINGTON MUTUAL BANK, FA
Original Beneficiary: WASHINGTON MUTUAL BANK FA, A FEDERAL ASSOCIATION
Original Trustee: CALIFORNIA RECONVEYANCE COMPANY
Dated: 08/13/2004
Recorded on: 08/25/2004
Doc/Inst. No.: 0622501 Book: in Book/Reel/Liber: 0804 Page: Page/Folio: 10729
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 : 1033 WISTERIA DR, MINDEN, NV 89423

By CALIFORNIA RECONVEYANCE COMPANY as Trustee
On April 9th, 2005

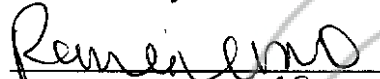


D SAUNDERS , ASST SECRETARY

STATE OF Florida
COUNTY OF Duval

On April 9th, 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: 3/29/09

NOTARY PUBLIC

STATE OF FLORIDA
Randi White
Commission # DD412416
Expires March 29, 2009
Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)

