

Assessor's/Tax ID No. 1320-30-113-008

Recording Requested By:
WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 2 Fee: 15.00
BK-0505 PG-04525 RPTT: 0.00



DEED OF RECONVEYANCE

WASHINGTON MUTUAL - CLIENT 156 #:0076547561 "GAINES" Lender ID:F46/195/1681787430
Douglas, Nevada PIF: 04/22/2005
WHEREAS CALIFORNIA RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: JUDY GAINES
Beneficiary: WASHINGTON MUTUAL BANK, FA
Original Beneficiary: WASHINGTON MUTUAL BANK, FA
Original Trustee: CALIFORNIA RECONVEYANCE COMPANY
Dated: 06/21/2002
Recorded on: 06/28/2002
Doc/Inst. No.: 0546005 Book: in Book/Reel/Liber: 0602 Page: Page/Folio: 09980
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 : 1775 SHAMROCK CIR, MINDEN, NV 89423

By CALIFORNIA RECONVEYANCE COMPANY as Trustee
On May 2nd, 2005

M Baggs
M BAGGS, ASST VICE PRESIDENT

STATE OF Florida
COUNTY OF Duval

On May 2nd, 2005, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared M BAGGS, ASST VICE PRESIDENT, 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,

Kim Mathys
Notary Expires: / /

 **Kim Mathys**
Commission # DD401905
Expires March 1, 2009
Bonded Troy Pain - Insurance, Inc. 600-395-7019

(This area for notarial seal)