Assessor's/Tax ID No. 131919411021

Recording Requested By: WASHINGTON MUTUAL BANK FA

When Recorded Return To:

WASHINGTON MUTUAL PO BOX 45179 JACKSONVILLE, FL 32232-5179 DOC # 0650293 07/25/2005 09:44 AM Deputy: KLJ OFFICIAL RECORD Requested By: WASHINGTON MUTUAL BANK

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 2 Fee: RK-0705 PG-10539 RPTT:

15.00



DEED OF RECONVEYANCE

WASHINGTON MUTUAL - CLIENT 156 #:0673059259 "BENJAMIN" Lender ID:A01/017/0673059259 Douglas, Nevada PIF: 07/05/2005 WHEREAS CALIFORNIA RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: LYNDA L. BENJAMIN AND MICHAEL BENJAMIN

Beneficiary: WASHINGTON MUTUAL BANK, FA

Original Beneficiary: WASHINGTON MUTUAL BANK FA, A FEDERAL ASSOCIATION

Original Trustee: CALIFORNIA RECONVEYANCE COMPANY

Dated: 04/28/2004

Recorded on: 05/14/2004

Doc/Inst. No.: 0613181 Book: in Book/Reel/Liber: 0504 Page: Page/Folio: 06477

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: 682 JACK CIRCLE, STATELINE, NV 89449

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DEED OF RECONVEYANCE Page 2 of 2

By CALIFORNIA RECONVEYANCE COMPANY as Trustee On July 18th, 2005

STATE OF Florida **COUNTY OF Duval**

On July 18th, 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

Jason Eaker Commission # DD401906 Expires March 1, 2009 Expires Marcri 1, 2000

Bonded Troy Fain - Insurance, Inc. 800-385,7019
(This area for notarial seal)

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