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DOC # 0659940
11/04/2005 01:08 PM Deputy: BC
OFFICIAL RECORD
Requested By:
WASHINGTON MUTUAL BANK

Assessor's/Tax ID No. 1220-16-110-001

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-1105 PG- 2393 RPTT: 0.00



DEED OF RECONVEYANCE

WASHINGTON MUTUAL - CLIENT 156 #:0649047164 "SILVERIA" Lender -
ID:F75/524/1692426826 Douglas, Nevada PIF: 10/25/2005

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

Trustor: LARRY SILVERIA AND DEBBIE SILVEIRA, HUSBAND AND WIFE AS JOINT TENANTS

Beneficiary: WASHINGTON MUTUAL BANK, FA

Original Beneficiary: WASHINGTON MUTUAL BANK, FA, A FEDERAL ASSOCIATION

Original Trustee: CALIFORNIA RECONVEYANCE COMPANY

Dated: 07/23/2003

Recorded on: 08/01/2003

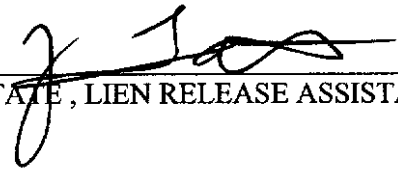
Doc/Inst. No.: 0585265 Book: in Book/Reel/Liber: 01803 Page: Page/Folio: 00449

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 : 993 SPRINGFIELD DR, GARDNERVILLE, NV 89410

By CALIFORNIA RECONVEYANCE COMPANY as Trustee
On October 31st, 2005



J TATE, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida
COUNTY OF Duval

On October 31st, 2005, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared J TATE, LIEN RELEASE ASSISTANT 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: / /

NOTARY PUBLIC

STATE OF FLORIDA
Randi White
Commission # DD412416
Expires March 29, 2009
Bonded Troy Pain - Insurance, Inc. 800-365-7019

(This area for notarial seal)

