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Assessor's/Tax ID No. 1220-03-110-033

Recording Requested By:
WASHINGTON MUTUAL BANK, FA

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0307 PG- 3694 RPTT: 0.00

When Recorded Return To:

Washington Mutual
PO BOX 45179
JACKSONVILLE, FL 32232-5179



DEED OF RECONVEYANCE

WASHINGTON MUTUAL - CLIENT 908 #:3051238628 "GRAHAM" Lender
ID:248/007/270620540 Douglas, Nevada PIF: 01/31/2007
THE UNDERSIGNED DOES HEREBY AFFIRM THAT THIS DOCUMENT SUBMITTED
FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

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

Trustor: DIXIE W GRAHAM TRUSTEE DIXIE FAMILY TRUST DATED MARCH 31 2004
Beneficiary: WASHINGTON MUTUAL BANK, FA
Original Beneficiary: WASHINGTON MUTUAL BANK, FA
Original Trustee: CALIFORNIA RECONVEYANCE COMPANY
Dated: 06/01/2005
Recorded on: 06/14/2005
Doc/Inst. No.: 0646786 Book: in Book/Reel/Liber: 0605 Page: Page/Folio: 5700
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 : 1383 ELGES AVE, GARDNERVILLE, NV 89410

DEED OF RECONVEYANCE Page 2 of 2

By CALIFORNIA RECONVEYANCE COMPANY as Trustee
On February 7th, 2007

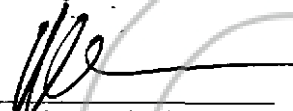


DAMIR PEKUSIC , LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida
COUNTY OF Duval

On February 7th, 2007, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared DAMIR PEKUSIC , 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: / **Miriam E. Hapner**



Miriam E. Hapner
Commission # DD365383
Expires October 24, 2008
Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)

*SKK*SKKWAMT*02/07/2007 10:17:04 AM* WAMU05WAMU000000000000004022163*
NVDOUGL* 3051238628 NVDOUGL_TRUST_REL * JMB*JMBWAMT*

