

OFFICIAL RECORD

Requested By:

WASHINGTON MUTUAL BANK

Assessor's/Tax ID No. 1121-35-002-013

Recording Requested By:  
WASHINGTON MUTUAL BANK FA

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 3 Fee: 19.00  
BK-0407 PG- 6804 RPTT: 0.00

When Recorded Return To:

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



**SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE**

WASHINGTON MUTUAL - CLIENT 156 #:0671642676 "POLANSKY" Lender

ID:A01/013/0671642676 Douglas, Nevada PIF: 04/13/2007

THE UNDERSIGNED DOES HEREBY AFFIRM THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

WASHINGTON MUTUAL BANK, FA is the Owner and Holder of the Note secured by the Deed of Trust Dated: 02/06/2004 , made by ROBERT G POLANSKY, A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY as Trustor, with CALIFORNIA RECONVEYANCE COMPANY as Trustee, for the benefit of WASHINGTON MUTUAL BANK, FA as Beneficiary, which said Deed of Trust was recorded 02/11/2004 in the Office of the County Recorder of Douglas State of Nevada, in Book/Reel/Liber: 0204 Page/Folio: 04443 as Instrument No.: 0604354 wherein said Owner and Holder hereby substitutes CALIFORNIA RECONVEYANCE COMPANY as Trustee in lieu of the above-named Trustee under said Deed of Trust.


Property Address : 931 CAVELTI ROAD, GARDNERVILLE, NV 89410

IN WITNESS WHEREOF, WASHINGTON MUTUAL BANK, FA 7255 BAYMEADOWS WAY, MAIL CODE F1020, JACKSONVILLE, FL 32256 as owner and CALIFORNIA RECONVEYANCE COMPANY C/O WASHINGTON MUTUAL, PO BOX 45179, JACKSONVILLE, FL 32232-5179 as Substituted Trustee, have caused this instrument to be executed, each in its respective interest;

SUBSTITUTION OF TRUSTEE AND FULL RECONVEYANCE Page 2 of 3

WASHINGTON MUTUAL BANK, FA


On April 17th, 2007


By:   
Kimberly S Mathys, Lien Release Assistant  
Secretary

STATE OF Florida  
COUNTY OF Duval

On April 17th, 2007, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared Kimberly S Mathys, 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: / /  
**Tammie R. McCauley**

NOTARY PUBLIC  
  
STATE OF FLORIDA  
**Tammie R. McCauley**  
Commission # DD474471  
Expires September 21, 2009  
Bonded Troy Fair - Insurance Inc. 800-365-7018

(This area for notarial seal)

CALIFORNIA RECONVEYANCE COMPANY hereby accepts said appointment as Trustee under said Deed of Trust and as Successor Trustee pursuant to the request of said Owner and Holder and in accordance with the provisions of said Deed of Trust does hereby reconvey without warranty to the person or persons legally entitled thereto all estate now held by it under said Deed of Trust.

By CALIFORNIA RECONVEYANCE COMPANY as Trustee  
On April 17th, 2007

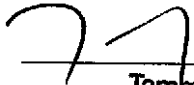
  
DAMIR PEKUSIC , LIEN RELEASE ASSISTANT SECRETARY

\*SU\*\*SU\*WAMT\*04/17/2007 03:12:06 PM\* WAMU03WAMU00000000000000004129745\*  
NVDOUGL\* 0671642676 NVDOUGL\_TRUST\_SUB \* JT\*JTWAMT\*

STATE OF Florida  
COUNTY OF Duval

On April 17th, 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,

  
\_\_\_\_\_  
**Tammie R. McCauley**  
Notary Expires: / /

NOTARY PUBLIC **Tammie R. McCauley**  
 Commission # DD474471  
Expires September 21, 2009  
STATE OF FLORIDA Bonded Troy Pain - Insurance Inc. 800-388-7016

(This area for notarial seal)

\*SU\*\*SU\*WAMT\*04/17/2007 03:12:06 PM\* WAMU03WAMU0000000000000004129745\*  
NVDOUGL\* 0671642676 NVDOUGL\_TRUST\_SUB \* JT\*JTWAMT\*