

Doc # 2006163413  
Page 1 of 1  
Date: 10/19/2006 11:35A  
Filed by: WASHINGTON MUTUAL HOME LOANS  
Filed & Recorded in Official Records  
of SKAMANIA COUNTY  
SKAMANIA COUNTY AUDITOR  
J MICHAEL GARVISON  
Fee: \$32.00

When Recorded Return To:

WASHINGTON MUTUAL  
PO BOX 45179  
JACKSONVILLE, FL 32232-5179



**Deed of Reconveyance**

WASHINGTON MUTUAL - CLIENT 156 #:0699743217 "BRANNAN" Lender ID:D74/001/0699743217 Skamania, Washington PIF: 10/05/2006

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

Trustor: JEFFERY L BRANNAN

Beneficiary: WASHINGTON MUTUAL BANK

Original Beneficiary: WASHINGTON MUTUAL BANK, A WASHINGTON CORPORATION.

Original Trustee: CLARK COUNTY TITLE, A WASHINGTON CORPORATION

Dated: 08/09/2005 Recorded: 08/15/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005158323

In the Records of the County Recorder of Skamania, State of Washington.

Property Address: 662 CEDAR FALLS RD, WASHOUGAL, WA 98671

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 written 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, describing the land therein as more fully described in said Deed of Trust.

By WASHINGTON RECONVEYANCE COMPANY as Trustee  
On October 13th, 2006

  
JOCELYN TATE, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida  
COUNTY OF Duval

On October 13th, 2006, before me, the undersigned, a Notary Public in and for Duval in the State of Florida, personally appeared JOCELYN 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 



**Miriam E. Hapner**  
Commission # DD365383  
Expires October 24, 2008

Bonded TROY Pain - Insurance, Inc. 800-385-7000 This area for notarial seal)