

When Recorded Return To:

WASHINGTON MUTUAL
PO BOX 45179
JACKSONVILLE, FL 32232-5179

Doc # 2007168583
Page 1 of 1
Date: 12/24/2007 12:03P
Filed by: WASHINGTON MUTUAL HOME LOANS
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$40.00



Deed of Reconveyance

WASHINGTON MUTUAL - CLIENT 156 #:0700670250 "RASMUSSEN" Lender ID:C04/001/119299569 Skamania, Washington
PIF: 12/12/2007
WHEREAS CALIFORNIA RECONVEYANCE COMPANY is the present Trustee of record under the following
described Deed of Trust:

Trustor: JEFFREY R RASMUSSEN AN UNMARRIED INDIVIDUAL
Beneficiary: WASHINGTON MUTUAL BANK
Original Beneficiary: WASHINGTON MUTUAL BANK, A WASHINGTON CORPORATION
Original Trustee: CLARK COUNTY TITLE, A WASHINGTON CORPORATION
Dated: 07/21/2005 Recorded: 07/25/2005 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.: 2005158105
In the Records of the County Recorder of Skamania, State of Washington.
Property Address: 662 SMITH BECKON ROAD, CARSON, WA 98610

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.

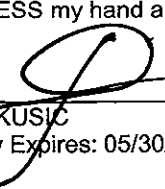
By CALIFORNIA RECONVEYANCE COMPANY as Trustee
On December 14th, 2007


GREGORIO T MINIANO, LIEN RELEASE ASSISTANT SECRETARY

STATE OF Florida
COUNTY OF Duval

On December 14th, 2007, before me, D. PEKUSIC, a Notary Public in and for Duval in the State of Florida,
personally appeared GREGORIO T MINIANO, LIEN RELEASE ASSISTANT SECRETARY, personally known to me
(or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity,
and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s)
acted, executed the instrument.

WITNESS my hand and official seal,


D. PEKUSIC
Notary Expires: 05/30/2009 ##DD435407



D. Pekusic
Commission # DD435407
Expires May 30, 2009
Bonded Troy Pain - Insurance, Inc. 800-385-7019

(This area for notarial seal)