

WHEN RECORDED RETURN TO:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

# Chicago Title Insurance Company

701 5th Avenue, Suite 3400, Seattle, Washington 98104

## PARTIAL RECONVEYANCE

The undersigned as trustee under that certain Deed of Trust, dated \_\_\_\_\_, \_\_\_\_\_ in which \_\_\_\_\_ is grantor and \_\_\_\_\_ is beneficiary, recorded on \_\_\_\_\_, \_\_\_\_\_, as Auditor's File No. \_\_\_\_\_ in Volume \_\_\_\_\_ of Mortgages, at page \_\_\_\_\_, records of \_\_\_\_\_ County, Washington, having received from the beneficiary under said Deed of Trust a written request to reconvey, a portion of the real property described in said deed, which request was approved by said grantor, does hereby reconvey, without warranty, to the person(s) entitled thereto all of the right, title and interest now held by said trustee in and to the property described in said Deed of Trust, situated in \_\_\_\_\_ County, Washington, as follows:

Tax Account Number: \_\_\_\_\_

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Trustee)  
\_\_\_\_\_  
(Name - Title)  
\_\_\_\_\_  
(Name - Title)

STATE OF WASHINGTON )  
ss.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me, the undersigned, a notary public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_\_\_

known to me to be the individual(s) described in and who executed the within instrument and acknowledged that \_\_\_\_\_ signed and sealed the same as \_\_\_\_\_ free and voluntary act and deed, for the uses and purposes herein mentioned.

\_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at \_\_\_\_\_  
My appointment expires \_\_\_\_\_

STATE OF WASHINGTON )  
ss.

COUNTY OF \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that \_\_\_\_\_

is the person who appeared before me, and said person acknowledged that \_\_\_\_\_ signed this instrument, on oath stated that \_\_\_\_\_ was authorized to execute the instrument and acknowledged it as \_\_\_\_\_ of \_\_\_\_\_ to

be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at \_\_\_\_\_  
My appointment expires \_\_\_\_\_