

Chicago Title Insurance Company

INDEMNIFICATION OF LOST DEED OF TRUST AND ORIGINAL NOTE AND REQUEST FOR FULL RECONVEYANCE

Chicago Title Insurance Company
701 5th Ave, Suite 3400
Seattle, WA 98104

Dated: _____

That certain note dated _____, in the principal sum of: _____, executed by: _____, in favor of: _____, has been lost, misplaced, or destroyed.

That said note is the note secured by that certain Deed of Trust dated: _____ between _____ as Grantor, Chicago Title Insurance Company/Security Union Title Insurance Company formerly known as Safeco Title Insurance Company/Ticor Title Insurance Company formerly known as Pioneer National Title Insurance Company (the Company) as Trustee and _____, as Beneficiary, recorded _____ under Recording Number: _____ records of _____ County, Washington, which Deed of Trust has also been lost, misplaced or destroyed.

That in consideration of the issuance by the Company of its reconveyance of said Deed of Trust without the surrender to it of the aforementioned note and Deed of Trust for cancellation and retention, the beneficiary hereby agrees to hold the Company free and clear of all liability and responsibility of any loss, damage and expense that may arise or that the Company may suffer by reason of issuance of such reconveyance without having possession of the original note and Deed of Trust.

The undersigned beneficiary is the legal owner of the note and all other indebtedness secured by the above setforth Deed of Trust. Said note, together with all indebtedness secured by the Deed of Trust has been fully paid and satisfied, and you are hereby requested and directed, on payment to you of any sums owing to you to reconvey, without warranty to the parties entitled thereto, all the estate held by you hereunder.

Beneficiary

Beneficiary

The undersigned, as grantor in the Deed of Trust to be reconveyed acknowledges that the note and/or Deed of Trust has been lost, misplaced or destroyed, and hereby relieves the Trustee from any loss or damages the grantor may suffer resulting from the inability to submit said note and/or Deed of Trust to the trustee for cancellation because the note and/or Deed of Trust have been lost, destroyed or misplaced.

Grantor

Grantor

ALL SIGNATURES MUST BE NOTARIZED

The execution of this form is no assurance that the trustee will act. The decision to act is reserved for the approval of management.

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.

Notary Public
Printed Name: _____
My appointment expires: _____

A-7 -Individual Capacity

STATE OF WASHINGTON)
COUNTY OF _____) **ss.**

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.

Notary Public
Printed Name: _____
My appointment expires: _____

A-7 -Individual Capacity

STATE OF WASHINGTON)
COUNTY OF _____) **ss.**

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: _____

Notary Public
Printed Name: _____
My appointment expires: _____

A-7 -Representative Capacity