

 **Chicago Title Insurance Company**

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

Chicago Title Insurance Company  
701 5<sup>th</sup> 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