

106727

DEED OF RECONVEYANCE

KNOW ALL MEN BY THESE PRESENTS, That the undersigned trustee or successor trustee under that certain trust deed dated January 2, 1986, executed and delivered by Patricia A. Strode, as grantor and recorded on January 6, 1986, in the Mortgage Records of Skamania County, Washington, in book/reel/volume No. 100 at page 17, or as document/instrument No. 100504 (indicate which), conveying real property situated in said county described as follows:

Registered

Indexed, Dir

Indirect

Filed

Mailed

AUDITOR
GARY M. OLSON

MAR 20 11 20 AM '89

FILED FOR RECORD
SKAMANIA CO. WASH
BY Patricia A. Strode

(IF SPACE INSUFFICIENT, CONTINUE DESCRIPTION ON REVERSE SIDE)

having received from the beneficiary under said trust deed a written request to reconvey, reciting that the obligation secured by said trust deed has been fully paid and performed, hereby does grant, bargain, sell and convey, but without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the undersigned in and to said described premises by virtue of said trust deed.

In construing this instrument and whenever the context hereof so requires, the singular includes the plural.

IN WITNESS WHEREOF, the undersigned trustee has executed this instrument; if the undersigned is a corporation, it has caused its name to be signed and its seal affixed by its officers, duly authorized thereto by its Board of Directors.

DATED: February 9, 1989.

U.S. Bank of Washington, N.A.

(If executed by a corporation,
affix corporate seal.)

(If the trustee who signs above is a corporation,
use the form of acknowledgment opposite.)

STATE OF OREGON,

County of

This instrument was acknowledged before me on

, 1989, by

Notary Public for Oregon

(SEAL)

My commission expires:

STATE OF OREGON,

County of WASHINGTON

This instrument was acknowledged before me on

February 9, 1989, by Deborah Gaskins

Administrative Officer

of U.S. Bank of Washington, N.A.

Notary Public for Oregon

My commission expires: 4/27/92

GRANTOR'S NAME AND ADDRESS

GRANTEE'S NAME AND ADDRESS

After recording return to:

Patricia Strode
02 Aldon Watcher Road
Stevenson, WA 98648

NAME, ADDRESS, ZIP

Until a change is requested all tax statements shall be sent to the following address:

NAME, ADDRESS, ZIP

SPACE RESERVED
FOR
RECORDER'S USE

STATE OF OREGON,

County of

I certify that the within instrument was received for record on the day of 1989, at o'clock M., and recorded in book/reel/volume No. on page or as fee/file/instrument/microfilm/reception No. Record of Mortgages of said County.

Witness my hand and seal of County affixed.

NAME

TITLE

By Deputy