110042

TRANSAMERICA TITLE INSURANCE

Transamerica
Title Insurance Company

FILED FOR RECORD AT REQUEST OF

FILED

THIS SPACE PROVIDED FOR RECORDER'S USE:

BOOK 120 PAGE 576

FILED FOR RECORD SKAMA OF C. WASH

BY SKAMANIA CO. TITLE

SEP 11 9 33 AH '90 Lowney

WHEN RECORDED RETURN TO

RIVERVIEW SAVINGS BANK

PO BOX 1068

City State Zin CAMAS, WASHINGTON 98607

1602411

DEED OF FULL RECONVEYANCE

The undersigned as Trustee or Successor Trustee under that certain Deed of Trust described as follows:

Dated

Recording Number

8/19/88 105630 Recorded: 8/1

8/19/88

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County Of

: SKAMANIA

State Of

: Washington

Grantor

WILLIAM J & KAREN L WARFIELD, HUSBAND AND WIFE

Trustee

: Transamerica Title Insurance Company

Beneficiary

RIVERVIEW SAVINGS ASSOCIATION AS IN DESCRIBED DEED OF TRUST

Legal Description

having received from the Beneficiary under said Deed of Trust, a written request to reconvey, reciting that the obligations secured by the Deed of Trust have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the parties entitled thereto all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed of Trust.

Date : 9/5/90

TRANSAMERICA TITLE INSURANCE COMPANY

Assistant Secretary

State Of Washington

County Of_CLARK_____

On this 51 day of SEPTEMBER . 1990 , before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared J. DOUGLAS GANLEN

TITLE_INSURANCE_CO.___, the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that HE_IS___ authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

NELLIE L. WOLFE NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES AUGUST 1, 1992

Notary Public in and for the State of Washington, residing

at ____VANCOUVER

My appointment expires: 8/1/92

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Form No. W-155.1 Rev. 2-89