

112211

BOOK 125 PAGE 321

TRANSAMERICA TITLE INSURANCE COMPANY

FILED FOR RECORD AT REQUEST OF

THIS SPACE PROVIDED FOR RECORDER'S USE.

 FILED FOR RECORD
 SKAMANIA CO. WASH
 BY SKAMANIA CO. TITLE

Oct 3 4 40 PM '91

P. Loring
 GARY H. LORING

WHEN RECORDED RETURN TO

Name Riverview Savings BankAddress 700 NE Fourth AvenueCity, State, Zip Camas, WA 98607 LN#0101402772

Registered

Indexed, Dir

Indirect

Filed

Marked

Partial Reconveyance

The undersigned trustee under that certain Deed of Trust, dated February 02nd, 19 90, in which R.M. Hegewald and Helen B. Hegewald, husband and wife, Skamania Investment Inc. is grantor and Riverview Savings Bank is beneficiary, recorded on February 08th, 19 90, as Auditor's File No. 108709 in Volume 117 of Mortgages, at page 765, records of Skamania County, Washington, having received 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 the right, title and interest now held by said trustee in and to that portion of the real property described in said Deed of Trust, situated in Skamania County, Washington, as follows:

LOT 5, HOT SPRINGS SUBDIVISION, according to the recorded Plat thereof, recorded in Book "B" of Plats, Page 64, in the County of Skamania, State of Washington.

Dated September 12th, 19 91
 Transamerica Title Insurance Company
 (Trustee)
By Stephen Lytsell

By

STATE OF WASHINGTON

COUNTY OF ClarkI certify that I know or have satisfactory evidence that Stephen Lytsell

is the person(s) who appeared before me, and said person(s) acknowledged that the (she) they sign of this instrument, on oath stated that the (she) they were authorized to execute the instrument and acknowledged it as the Assistant Secretary of Transamerica Title Insurance to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

STATE OF WASHINGTON

COUNTY OF Clark

I certify that I know or have satisfactory evidence that

_____ is the person(s) who appeared before me, and said person(s) acknowledged that the (she) they sign of this instrument, on oath stated that the (she) they were authorized to execute the instrument and acknowledged it as the _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Date

Signature

Title

My appointment expires

(SEAL OR STAMP)



9/12/91

Nellie L. Wolfe
 Signature

Notary Public

8/12/92

My appointment expires