## TRANSAMERICA TITLE INSURANCE COMPANY

FILED FOR RECORD AT REQUEST OF

THIS SPACE PROVIDED FOR RECONDER'S USE: BY SRAMAINA CO. FITLE

BOOK 126 PAGE 958

Jan 22 4 39 1 11 192 1

Riverview Savings Bank

PO Box 1068

Camas, WA 98607

City, State, Zip

0301602784

## **DEED OF FULL RECONVEYANCE**

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

Dated

: June 23, 1989

Recorded: June 29, 1989

Recording Number : 107280

Book: 114

Page: 661

County Of

: Skamania

State Of

: Washington

Grantor

: Robert J. Seaman, Sr. & Sherry J. Seaman, husband

Trustee

: fransamerica Title Insurance Company

Beneficiary

: PIVERVIEW SAVINGS BANK

egal Description Beginning at the Southeast corner of Lot 4 of Section 8, Township 3 North, Range 8 East of the Willamette Meridian; thence Legal Description west 30 feet to the initial point of Tract; thence North parallel to the East line of Lot 4 a distance of 75 feet to the Northeast corner of the Tract being conveyed. Thence West parallel and 75 feet from the South line of said Lot 4 to the Easterly right of way line of the Old County Road; thence Southeasterly along the Easterly edge of::said County Road to its intersection with the South line of Lot 4: thence Easterly 205 feet, more or less, to the initial point.

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, self 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

January 15, 1992

TRANSAMERICATITLE INSURANCE COMPANY

31213 O. F.	rasining to ti	Clark
County of		CIGIK
County of		

I certify that I know or have satisfactory evidence that \_\_\_\_S\_\_\_I\_Y tsell \_\_\_\_\_\_(NAME OF PERSON)

person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on eath stated that (he/she) was authorized to execute the instrument and acknowledged it as the ASSE. SECRETARY to execute the instrument and acknowledged it as the

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.) Transamerica Title Insurance Company

(NAME OF PARTY ON BEHALF OF WHOM THE INSTRUMENT WAS EXECUTED!

\_\_to be the free and voluntary act of

such party for the uses and purposes mentioned in the instrument.

Dated:

January 15, 1992

Nellie & Welle SIGNATURE

Notary Public

TITLE

My appointment expires

8-1-92

Indices! Filmed Mailed

Form 7182-1 (Rev. 2-89)