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BOOK 129 PAGE 280

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

JUN 17 3 30 PM '92

GARY E. OLSON

9200537

WHEN RECORDED RETURN TO

Name Riverview Savings Bank

Address P.O. Box 1068

City, State, Zip Camas, WA 98607

Registered

Indexed, air

Indirect

Filed 6/24/92

Mailed

8201700767

DEED OF FULL RECONVEYANCE

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

Dated : October 29, 1991 Recorded : November 4, 1991
 Recording Number : 112375 Book : 125 Page : 968
 County Of : Skamania
 State Of : Washington
 Grantor : DUNOVAN D DUDLEY AND SALLY A DUDLEY, HUSBAND AND WIFE
 Trustee : Transamerica Title Insurance Company
 Beneficiary : RIVERVIEW SAVINGS BANK
 Legal Description : See attached copy

Commencing at the Northwest corner of the Southwest Quarter of the Southwest Quarter of Section 36, Township 3 North, Range 7 East of the Willamette Meridian, Skamania County, Washington; thence South 86°06' East 966 feet; thence South 17°12' East 254 feet; thence South 52°19' East 259.10 feet; thence South 04°45' West 52 feet; thence North 86°06' West 1,236.80 feet to the West line of said Section 36; thence North 405 feet to the PLACE OF BEGINNING.

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 : May 30, 1992

TRANSAMERICA TITLE INSURANCE COMPANY

BY

Assistant Secretary

State of Washington
County of ClarkI certify that I know or have satisfactory evidence that Kenneth M. Doane is theperson who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the Assistant Secretary

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.)

of TRANSAMERICA TITLE INSURANCE COMPANY to be the free and voluntary act of

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

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

Dated: May 30, 1992

SIGNATURE

Notary Public

TITLE

My appointment expires

1-2-93

