

113752

BOOK 129 PAGE 282

TRANSAMERICA  
TITLE INSURANCE COMPANY

FILED FOR RECORD AT REQUEST OF

THIS SPACE PROVIDED FOR RECORDER'S USE

9200537

WHEN RECORDED RETURN TO

Name Riverview Savings Bank

Address P.O. Box 1068

City, State, Zip Canas, WA 98607

F 8201700227

Registered

Indexed, by

Indirect

Filed 6/24/92

Mailed

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

JUN 17 3 55 PM '92

GARY H. OLSON

## DEED OF FULL RECONVEYANCE

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

Dated June 4, 1990

Recorded: June 8, 1990

Recording Number 109416

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County Of Skamania

State Of Washington

Grantor CHRIS M. RICHARDS AND LYNNEA E. RICHARDS, HUSBAND AND WIFE

Trustee Transamerica Title Insurance Company

Beneficiary RIVERVIEW SAVINGS BANK

Legal Description

THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE SOUTHEAST QUARTER (NW 1/4 SW 1/4 SW 1/4 SE 1/4) AND THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER (NE 1/4 SE 1/4 SE 1/4 SW 1/4) OF SECTION 24, TOWNSHIP 3 NORTH, RANGE 7 EAST OF THE WILLAMETTE MERIDIAN, EXCEPTING THEREFROM THAT PORTION CONVEYED TO NORTAN T. SKAAR, ET UX., BY DEED RECORDED APRIL 5, 1972 IN BOOK 63, PAGE 956, SKAMANIA COUNTY DEED RECORDS.

TOGETHER WITH AN EASEMENT AND RIGHT OF WAY FOR AN ACCESS ROAD AND UTILITIES OVER AND ACROSS THE EAST 20 FEET OF THE SW 1/4 SW 1/4 SW 1/4 SE 1/4 OF THE SAID SECTION 24.

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 Clark

I certify that I know or have satisfactory evidence that Kenneth M. Doane

(NAME OF PERSON)

is the

person 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

(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 May 30, 1992

Signature

SIGNATURE

Notary Public

TITLE

My appointment expires 1-2-93

