

113753

BOOK 124 PAGE 283

TRANSAMERICA  
TITLE INSURANCE COMPANY

FILED FOR RECORD AT REQUEST OF

THIS SPACE PROVIDED FOR RECORDER'S USE

900532

WHEN RECORDED RETURN TO

Name Riverview Savings Bank

Address P.O. Box 1068

City, State, Zip Camas, WA 98607

Registered  
Index  
Filed  
4/24/92  
Mailed

FILED FOR RECORD  
BY SKAMANIA CO. TITLE

JUN 17 3 30 PM '92

GARY H. OLSON

# 0301500466

## DEED OF FULL RECONVEYANCE

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

Dated : May 23, 1985

Recorded : May 29, 1985

Recording Number : 99307

Book : 61 Page : 510

County Of : Skamania

State Of : Washington

Grantor : EARL W. SEAMAN and EDNA M. SEAMAN, husband and wife

Trustee : Transamerica Title Insurance Company

Beneficiary : Riverview Savings Association

Legal Description :

A TRACT OF LAND LOCATED IN THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER  
OF SECTION 28, TOWNSHIP 3 NORTH, RANGE 8 EAST OF THE WILLAMETTE MERIDIAN,  
DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE NORTH LINE OF THE SAID SECTION 28 EAST 222.75  
FEET FROM THE NORTHWEST CORNER OF THE SAID SECTION 28; THENCE EAST 142.1  
FEET; THENCE SOUTH 396 FEET; THENCE WEST 142.1 FEET; THENCE NORTH 396 FEET  
TO THE POINT OF BEGINNING;

EXCEPT THAT PORTION THEREOF DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 270.25 FEET EAST OF THE NORTHWEST CORNER OF THE SAID  
SECTION 28; THENCE SOUTH 155 FEET; THENCE EAST 50 FEET; THENCE SOUTH 5  
FEET; THENCE EAST 44.6 FEET; THENCE NORTH 160 FEET; THENCE WEST 94.60 FEET  
TO THE POINT 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 Clark

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

(NAME OF PERSON)

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

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

MURRAY R. JAMES

SIGNATURE

Notary Public

TITLE

My appointment expires

1-2-93

