

113944

BOOK 129 PAGE 663



Commonwealth.
Land Title Insurance Company
OF PHILADELPHIA

FILED FOR RECORD AT REQUEST OF

FILE FOR RECORD

SKAMANIA
BY CLARK COUNTY TITLE

THIS SPACE PROVIDED FOR RECORDER'S USE:

JUL 3 6 33 AM '92

GARY OLSON

CT 288891E

WHEN RECORDED RETURN TO

Name Washington MutualAddress ATTN Sales Manager (Main Branch)

City, State, Zip _____

Registered pIndexed, Dir pIndirect pFilmed 7/15/92

Mailed _____

Full Reconveyance

The undersigned as trustee under that certain Deed of Trust, dated July 21, 1989,
in which Michael M. Leon, a single man is grantor
and Washington Mutual Savings Bank is beneficiary,
recorded on July 24, 19 89, as Auditor's File No. 107509, in Volume 115
of Mortgages, at page 67, records of Skamania County, Washington,
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 has been fully satisfied, does hereby reconvey, without warranty, to the
person(s) entitled thereto all of the right, title and interest now held by said trustee in and to the property described
in said Deed of Trust, situated in Skamania County, Washington, as follows:

SEE instrument filed under Book 115, Page 67, records of Skamania County.

Dated June 18, 19 92

Clark County Title Company

(Trustee)

By Robert A. Cano
Robert A. Cano (Name - Title) Vice PresidentBy _____
(Name - Title)

STATE OF WASHINGTON

COUNTY OF _____

I certify that I know or have satisfactory evidence that

_____ is the
person(s) who appeared before me, and said person(s)
acknowledged that (he/she/they) signed this instrument and
acknowledged it to be (his/her/their) free and voluntary act for
the uses and purposes mentioned in the instrument.

Dated _____

Signature _____

Title _____

(SEAL OR STAMP)

Form No. 3169

My appointment expires _____

STATE OF WASHINGTON

COUNTY OF Clark

I certify that I know or have satisfactory evidence that

Robert A. Cano

is the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) sign-
ed this instrument, on oath stated that (he/she/they) was (were) authorized to execute the instrument
and acknowledged it as the Vice President
of Clark County Title Company to be the free and voluntary act of
such party for the uses and purposes mentioned in the instrument.

(SEAL OR STAMP)

June 18, 1992

Notary _____

6-25-92

My appointment expires _____