



113998
113478
Commonwealth.
Land Title Insurance Company
OF PHILADELPHIA

FILED FOR RECORD AT REQUEST OF

CCT Misc.
WHEN RECORDED RETURN TO

Name Washington Mutual Savings Bank
Attention: Loan Servicing Operations SA0307
Address P.O. Box 834
City, State, Zip Seattle, WA 98111

03-401-239238-7

Registered p
Indexed, Dir p
Indirect p
Filed 5/15/92
Mailed

BOOK 129 PAGE 782
BOOK 128 PAGE 570

THIS SPACE PROVIDED FOR RECORDER'S USE:

BY CLARK COUNTY TITLE

MAY 8 2 19 PM '92

P. Lowry
AUDITOR
GARY M. OLSON
FILED FOR RECORD
SKAMANIA CO. WASH
BY CLARK COUNTY TITLE

JUL 17 9 38 AM '92

GARY M. OLSON

Full Reconveyance

The undersigned as trustee under that certain Deed of Trust, dated March 7, 19 84,
in which Calvin White and Mary H. White, husband and wife is grantor
and Vancouver Federal Savings & Loan Association is beneficiary,
recorded on March 13, 19 84, as Auditor's File No. 97250, in Volume 60
of Mortgages, at page 135, 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 said Auditor's File No.

Dated April 21, 19 92

Clark County Title Company
(Trustee)

By Robert A. Cano
Robert A. Cano, (Name - Title) Vice President

By _____
(Name - Title)

Registered p
Indexed, Dir p
Indirect p
Filed 7/28/92
Mailed

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 _____

My appointment expires _____

(SEAL OR STAMP)

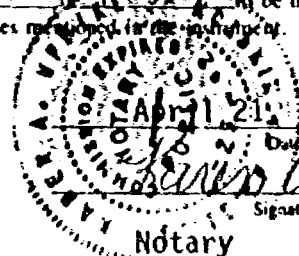
Form No. 3169

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)



Notary

Title

June 25, 1992

My appointment expires _____

3-8-29-1-1-1310, 4400