

114349

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TRANSAMERICA  
TITLE INSURANCE COMPANYFILED FOR RECORD  
SKAMANIA CO WASH  
BY Transamerica

THIS SPACE PROVIDED FOR RECORDER'S USE:

FILED FOR RECORD AT REQUEST OF

SEP 3 3 43 PM '92

GARY M. OLSON

WHEN RECORDED RETURN TO

Name LUCILLE M. WERNER

Address 3149 S. QUINCE

City, State, Zip OLYMPIA, WA 98501

Registered

Indexed, Dir

Indirect

Filed

Mailed

## Full Reconveyance

The undersigned as trustee under that certain Deed of Trust, dated NOVEMBER 26, 1985, in which LUCILLE M. WERNER, A SINGLE WOMAN is grantor and EUGENE J. KARI AND LOIS E. KARI, HUSBAND AND WIFE is beneficiary, recorded on DECEMBER 10, 1985, as Auditor's File No. 100420, in Volume 62 of Mortgages, at page 281, 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:

THAT PORTION OF THE EAST 1/2 OF LOT 11 LYING SOUTHERLY OF COOK-UNDERWOOD COUNTY ROAD; THAT PORTION OF LOT 12 LYING SOUTHERLY OF COOK-UNDERWOOD COUNTY ROAD; ALL IN SEELEY'S SUBDIVISION OF THE SOUTHWEST QUARTER OF SECTION 19, TOWNSHIP 3 NORTH, RANGE 10 EAST OF THE WILLAMETTE MERIDIAN, ACCORDING TO THE RECORDED PLAT THEREOF IN THE OFFICE OF THE AUDITOR OF SKAMANIA COUNTY, WA.

Dated AUGUST 25, 1992

TRANSAMERICA TITLE INSURANCE COMPANY

(Trustee)

By BRUCE S. RICHARDSON (Name - Title) ASSISTANT SECRETARY

By (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

My appointment expires

STATE OF WASHINGTON

COUNTY OF THURSTON

I certify that I know or have satisfactory evidence that

BRUCE S. RICHARDSON

is the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was (were) authorized to execute the instrument and acknowledged it as the ASST. SECRETARY of TRANSAMERICA TITLE INSURANCE CO to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument

AUGUST 25, 1992

Signature

NOTARY PUBLIC

My appointment expires