

88031

Position 1 - Chattel Security  
Position 5 - Real Estate Security

BOOK 510 PAGE 145

**SATISFACTION**

KNOW ALL MEN BY THESE PRESENTS, That the United States of America, acting through the Administrator of the Farmers Home Administration, as owner and holder of the following-described lien instrument(s), made and executed by

THEODORE L. LEHMANN

and CONNIE K. LEHMANN

and recorded or filed in County of Skamania

State of Washington, does hereby satisfy and discharge the said lien instrument(s).

| LIEN INSTRUMENT      | MORTGAGEE                                                 | DATE OF INSTRUMENT | DATE FILED | RECORD OR FILE NO.                  |
|----------------------|-----------------------------------------------------------|--------------------|------------|-------------------------------------|
| Real Estate Mortgage | United States of America<br>(Farmers Home Administration) | 8-13-71            | 9-2-71     | Vol. 49<br>Pg. 148-51<br><br>#73868 |

IN WITNESS WHEREOF, the United States of America has caused these presents to be signed the 4th

day of January, 19 79, pursuant to delegation of authority published in 7 CFR Part 1800 Subpart C.

WITNESSES:

UNITED STATES OF AMERICA  
By Merle E. Blackburn  
Title County Supervisor  
Farmers Home Administration  
United States Department of Agriculture

STATE OF Washington

COUNTY OF Klickitat

**ACKNOWLEDGMENT**

On this 4th day of January, 19 79, before me, the subscriber, a

Notary Public

..., In and for the above county and State, appeared  
Merle E. Blackburn, known to me to be County Supervisor  
Farmers Home Administration, United States Department of Agriculture, and the person who executed the foregoing instrument, and he acknowledged to me that he executed the same as the free act and deed of the United States of America, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Goldendale, Washington 98620

the day and year aforesaid,

(SEAL)

Sally A. Doctor

(Signature)

Notary Public

My commission expires 9-27-80  
(To be filled in if certifying officer is a notary public)

(Title)

FHA 460-4 (Rev. 12-31-69)