EILED FOR RECORD SKAHANIA QG. WASH BY

WHEN PECORDED RETURN TO

Name

RIVERVIEW SAVINGS BANK

Address

P.O. BOX 1068

City, State, Zip

CAMAS, WA. 98607-0068

Registered Indixed, Dir Indirect Filmed

Jul | 12.53 rH '93

LOAN #0401401909

116636

DEED OF FULL RECONVEYANCE

Mailed

BOOK 136 PAGE 404

The undersigned as Trustee or Successor Trustee under that certain Deed of Trust described as follows: JUNE 04, 1987

Recorded:

JUNE 04, 1987

Recording Number

103305

Book: 105

568 Page:

County Of

SKAMANIA

State Of

Washington

Grantor

JACKIE A. LEIGHTON, A SINGLE PERSON

Trustee

RIVERVIEW SERVICES, INC.

Beneficiary

RIVERVIEW SAVINGS BANK

Legal Description

(SEAL OH'STÄMP)

The South 100 feet of the East Half of the Southeast Quarter of the Northwest Quarter of the Southeast Quarter of Section 10, Township 3 North, Range 9 E. W. M., EXCEPT that portion thereof, if any, lying within and Northeasterly of County Road No. 3224 designated as the Little Rock Creek Road; and

The East Half of the Northeast Quarter of the Southwest Quarter of the Southeast Quarter of Section 10, Township 3 North, Range 9 E.W.M.; (Also known as Lot 2 of Short Plat filed July 15, 1975, in Book 1 of Short Plats at pages 9A-9N)

TOGETHER WITH an easement and right of way for an access road and utilities over and across the North 60 feet of that portion of the Northwest Quarter of the Southeast Quarter of the Southeast Quarter of the said Section 10. lying Westerly of County Road No. 3224 designated as the Little Rock Creek Road.

having received from the Beneficiary under said Deed of Trust, a written request to reconvey, reciting that the obligations sectived whe Deed of Trust have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the payies entitled theraft all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed RIVERVIEW SERVICES, INC. 1993 - SECRETARY PHYLLIS KREIBICH State Of Washington County OI ____CLARK PHYLLIS KREIBICH I certify that I know or have satisfactory evidence that (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 SECRETARY

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.) (TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.) THE STRUICES LIC. _____to be the free and voluntary act of e mentioned in the instrument. Bertly H. Claks

> 11/15/96 My appointment expires