OF HRUTH DECROSER HERW

FILED FOR RECORD SKAHARIA CO, WASH RUSB BY

RIVERVIEW SAVINGS BANK

Address

P.O. BOX 1068

City, State, Zip

CAMAS, WA. 98607-0068

Aug 11 3 39 PM '93 GARY M. OLSON

LOAN #0101403177

**DEED OF FULL RECONVEYANCE** 116972

BOOK 137 PAGE 309

The undersigned as Trustee or Successor Trustee under that certain Deed of Trust described as follows: Dated

AUGUST 27, 1990

Recorded: AUGUST 28, 1990

Recording Number

109947

Book : 120

Page: 392

County Of

SKAMANIA

State Of )/ Grantor

Washington

Trustee

NEIL OLIVER AND DARICE OLIVER, HUSBAND AND WIFE : RIVERVIEW SERVICES, INC.

Registered tadexed, Dir

Beneficiary

Indirect माहा व

RIVERVIEW SAVINGS BANK

Legal Description

That portion of the Southwest quarter of the Northwest quarter of Section 28, Township 3 North, Range & East of the Willamette Meridian, more particularly described as follows:

Beginning at a point 25 feet West and 40 feet South of the Northeast corner of the Southwest quarter of the Northwest quarter of the said Section 28; thence West 110 feet; thence South 191 feet; thence East 110 feet; thence North 191 feet to the point of beginning.

religion the Beneficiary under said Deed of Trust, a written request to reconvey, reciting that the obliga-Building his Deed of Trust have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the entified the do all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed BIVERVIEW SERVICES, INC. Ţ/06, 1993

PHYLLIS KREIBICH - SECRETARY

State Of Washington County Of \_\_\_CLARK

I certify that I know or have satisfactory evidence that \_\_\_\_

PHYLLIS KREIBICH

person who appeared beforeme, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument, including the SECRETARY

OF RIVERVIEW SERVICES INC.

(NAME OF PERSON)

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.)

(NAME OF PERSON)

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.)

(NAME OF PERSON)

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.)

(NAME OF PERSON)

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.)

(NAME OF PERSON)

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.)

(NAME OF PERSON)

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.)

(NAME OF PERSON)

(TYPE OF AUTHORITY, E.G., OFFICER, TRUSTEE, ETC.)

(NAME OF PERSON)

26,51993 \$

V 11X1 (SEAL ON STAMP)

> 11/15/96 My appointment expires \_\_