

AMEN. RECORDED RETURN TO

RIVERVIEW SAVINGS BANK

P.O. BOX 1068

CAMAS WA 98607-0068

FILED FOR RECORD
SKAMANIA CO. WASH
BY *RSB*

APR 13 2 07 PM '94

P. Johnson
AUDITOR
GARY M. OLSON

LOAN # 0101401945

119168

DEED OF FULL RECONVEYANCE

Box 142 PAGE 508

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

Dated **July 24, 1987**

Recorded **July 29, 1987**

Recording Number **103587**

Book **106** Page **218-221**

County Of **SKAMANIA**

State Of **Washington**

Grantor **CHARLES W. LAWSON and NELLIE A. LAWSON**

Trustee **RIVERVIEW SERVICES, INC.**

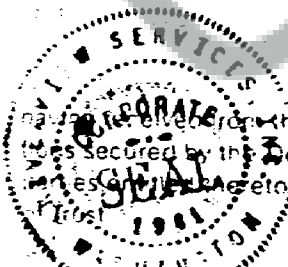
Beneficiary **RIVERVIEW SAVINGS BANK**

Legal Description

A PARCEL OF LAND LOCATED IN THE EAST HALF OF THE NORTHWEST QUARTER OF SECTION 17, TOWNSHIP 1 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, DESCRIBED AS:

LOTS 1, 2, AND 3 OF THE LAWSON SHORT PLAT AS RECORDED IN BOOK 3 OF SHORT PLATS ON PAGE 110, SKAMANIA COUNTY RECORDS.

Registered ☒
Indexed ☒
Abstracted ☒
Filed ☒
Mailed ☒



I, **PHYLLIS KREIBICH**, the Beneficiary under said Deed of Trust, a written request to reconvey, reciting that the obligations secured by the Deed of Trust have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the undersigned, **RIVERVIEW SERVICES, INC.**, all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed

Date **APRIL 07, 1994**

RIVERVIEW SERVICES, INC.

BY *Phyllis Kreibich*

PHYLLIS KREIBICH - SECRETARY

State Of Washington

County Of **CLARK**

} SS

I certify that I know or have satisfactory evidence that

PHYLLIS KREIBICH

is the

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

of **RIVERVIEW SERVICES, INC.** (TYPE OF AUTHORITY, E.G. OFFICER, TRUSTEE, ETC.)

such party for the purposes mentioned in the instrument.

to be the free and voluntary act of

Dated

APR 11 1994

(SEAL OR STAMP)

Beth H. Utter
SIGNATURE

My appointment expires **11/15/96**