



Commonwealth  
Land Title Insurance Company  
OF PHILADELPHIA

K  
FILED FOR RECORD AT REQUEST OF

FILED FOR RECORD  
THIS SKAMANIA COUNTY TITLE  
BY CLARK COUNTY TITLE

APR 28 4 22 PM '94

G. Lowry  
AUDITOR  
GARY M. OLSON

CCT MISC  
WHEN RECORDED RETURN TO

Name WASHINGTON MUTUAL

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

119296

Full Reconveyance

BOOK 142 PAGE 810

The undersigned as trustee under that certain Deed of Trust, dated JANUARY 26, 1987,  
in which JERRY D. TENNISON AND DEBRA A. TENNISON is grantor  
and WASHINGTON MUTUAL SAVINGS BANK is beneficiary,  
recorded on FEBRUARY 3, 1987, as Auditor's File No. 102605, in Volume 104  
of Mortgages, at page 96, records of CLARK 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 CLARK SKAMANIA County, Washington, as follows:

LOT 9 BLOCK 8 PLAT OF RELOCATED NORTH BONNEVILLE RECORDED IN BOOK  
B OF PLATS PAGE 16 UNDER SKAMANIA FILE #83446, ALSO RECORDED IN BOOK B OF  
PLATS PAGE 32 UNDER SKAMANIA COUNTY FILE #84429 RECORD OF SKAMANIA COUNTY.

Dated MARCH 2, 1994

Registered p  
Indexed p  
Abstract p  
Filed p  
Noted p

CLARK COUNTY TITLE COMPANY  
(Trustee)

By Robert A. Cano  
ROBERT A. CANO, (Name - Title) VICE-PRESIDENT

By \_\_\_\_\_  
(Name - Title)

STATE OF WASHINGTON }  
COUNTY OF \_\_\_\_\_ } ss.

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.

(SEAL OR STAMP)

Dated \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

My appointment expires \_\_\_\_\_

STATE OF WASHINGTON }  
COUNTY OF CLARK } ss.

I certify that I know or have satisfactory evidence that  
ROBERT A. CANO

is the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed  
this instrument, and acknowledged that (he/she/they) was (were) authorized to execute the instrument  
and acknowledged that (he/she/they) was (were) authorized to execute the instrument  
of CLARK COUNTY TITLE COMPANY to be the free and voluntary act of  
such party for the uses and purposes mentioned in the instrument.



MARCH 2, 1994

Dated \_\_\_\_\_

Signature J. M. Christensen

NOTARY

Title \_\_\_\_\_

7/19/96  
My appointment expires \_\_\_\_\_