



Commonwealth.  
Land Title Insurance Company  
OF PHILADELPHIA

K  
FILED FOR RECORD AT REQUEST OF

THIS SPACE PROVIDED FOR RECORDER'S USE:  
FILED FOR RECORD  
SKAMANIA CO. WASH  
BY CLARK COUNTY TITLE

APR 28 4 26 PM '94  
P. Lowry  
AUDITOR  
GARY M. OLSON

CCT MISC  
WHEN RECORDED RETURN TO

Name WASHINGTON MUTUAL SAVINGS BANK

Address \_\_\_\_\_

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

119298

Full Reconveyance

BOOK 142 PAGE 812

The undersigned as trustee under that certain Deed of Trust, dated DECEMBER 11, 1990, in which CARL F. BURKHEIMER III AND MARIAANA BURKHEIMER is grantor and WASHINGTON MUTUAL SAVINGS BANK is beneficiary, recorded on DECEMBER 14, 19 90, as Auditor's File No. 110604, in Volume 121 of Mortgages, at page 773, 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 33 OF WASHOUGAL RIVER TRACTS, ACCORDING TO THE OFFICIAL PLAT THEREOF, ON FILE AND OF RECORD AT PAGE 80 OF BOOK "A" OF PLATS, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

Dated FEBRUARY 7, 19 94

Registered  
by \_\_\_\_\_  
by \_\_\_\_\_  
by \_\_\_\_\_  
by \_\_\_\_\_

CLARK COUNTY TITLE COMPANY  
(Trustee)

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

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

STATE OF WASHINGTON }  
COUNTY OF \_\_\_\_\_ }

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)

Date

Signature

Title

Form No. 3169

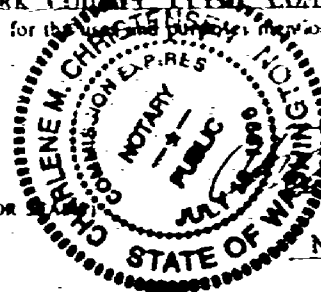
My appointment expires \_\_\_\_\_

STATE OF WASHINGTON }  
COUNTY OF CLARK }

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, (on oath stated that (he/she/they) was (were) authorized to execute the instrument and acknowledged it as the VICE-PRESIDENT of CLARK COUNTY TITLE COMPANY to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

(SEAL OR



FEBRUARY 7, 1994

Date

Signature

NOTARY

Title

My appointment expires 2/19/94