



Commonwealth.
Land Title Insurance Company
OF PHILADELPHIA

FILED FOR RECORD AT REQUEST OF

THIS SPACE PROVIDED FOR RECORDERS USE:
SKAMANIA CO. WASH
BY CLARK COUNTY TITLE

SEP 23 9 07 AM '94
P. Lawry
AUDITOR
GARY M. OLSON

CCT MISC (SV)
WHEN RECORDED RETURN TO

Name: ROBERT RAYBURN
Address: 17011 NE 152ND AVE
City, State, Zip: BRUSH PRAIRIE WA 98606

120616

Full Reconveyance

BOOK 145 PAGE 992

The undersigned as trustee under that certain Deed of Trust, dated DECEMBER 28, 1994, in which ROBERT H. RAYBURN AND LORETTA J. RAYBURN, HUSBAND AND WIFE is grantor and MICHAEL A. KELLY AND CARRIE L. KELLY, HUSBAND AND WIFE is beneficiary, recorded on DECEMBER 30, 1993, as Auditor's File No. 118368, in Volume 140

RE-RECORDED TO CORRECT 119504 BOOK 143 PAGE 324 of Mortgages, at page 571, 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:

THE WEST HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF THE SOUTH QUARTER OF SECTION 18, TOWNSHIP 7 NORTH, RANGE 6 EAST OF THE WILLAMETTE MERIDIAN, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

Dated JULY 15, 1994

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.

Date

Signature

Title

(SEAL OR STAMP)

Form No. 3169

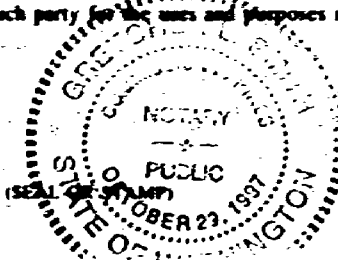
My appointment expires

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.



JULY 15, 1994

Signature

NOTARY

10-29-97

My appointment expires

Registered

Indexed, Cir

Indirect

Filed

Valid