	When recorded return to:	n 1 20 VWANN CO THE	or washings	n_trustant	
	Washington Mutual Savings Bank	11 17 12 AL PH 101	luu 7 2 20	DM 101	
	ATTN: Loan Servicing - SAS 0307	Hoy 17 12 24 PH '94		PH 194	
	P.O. Box 91006	O. Lawry	P.J.h		
	Scattle, WA 98111	AUDITOR •	AUDITOR		
	LOAN NUMBER OF THE	GARY H. OLSON	GARY M. OL:	SON	
	LOAN NUMBER: 01-989-229659	0-8 UPC			
	119651	FULL RECONVEYANCE	MOOK 143 PA	GE 659	
	The undersigned as trustee under that	certain Deed of Trust, dated OCD	OBER 21, 1992 in	which	
	HOBERT C. HAMILTON AND DOR	IS F. HAMILION, HUSBAND	AND WIFE is the grantor, a	ınd	
	WASHINGTON MUTUAL SAVINGS	the state of the s			
	OCIVISER 30, 1992, under Auditor's File No. 114834, records of 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 re	convey, without warranty, to the r	ntitled thereto al	l of	
	the right, title and interest now held by said trustee in and to the property described in said Deed of Trust, situated in County, Washington, as follows:				
252	Trust, situated in	Col	unty, Washington, as follow	vs:	
		AS DED THE ODIGINAL D	EED OF TRUCT		
	AS PER THE ORIGINAL DEED OF TRUST				
	W	ASHINGTON MUTUAL, A FED	ERAL SAVINGS BANK		
V	DATED: MAY 31, 1994	,	T 11 (100 2)	. v	
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Ġ	Ву	the same of the sa	Cost Contract Contrac		
		Margaret Hart, Corporate	e Officer		
-3/-			RE-RECORDED TO CO	PRRECT AUDITORS	
		S. FILE NO.			
20,	COUNTY OF KING)				
۲	On this 31ST day of MAY 1994, before me, the undersigned, a Notary Public in				
02		nd for the State of Washington, duly commissioned and sworn, personally appeared			
0	Margaret Hart to me	Hart to me known to be the Cornerate Officer			
	of Washington Mutual, A Federal Si	wings Bank the corporation that ex	xecuted the foregoing		
	instrument, and acknowledged the said	instrument to be the free and volu	plary act and deed of said	AN .	
	corporation, for the uses and purposes authorized to execute the said instrume	therein mentioned, and on oath sta	ted that said individual is	NA	
	and the country the said list this		A 3		
	Witness my hand and official seal here	to affixed the day and year first ab	ove written.		
				7	
	_ Whilele		INP CUL	Al	
			NOIZE		
	Notary Public in and for the State of V	Vashington, residing at	TLE STA	10%	
	My appointment expires on 10/17/9		O HO IN	1 50 m	
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