

**TITLE INSURANCE SERVICES
FILED FOR RECORD AT REQUEST OF**

P. Hawry
AUDITOR

LOAN #0101500357

BOOK 154 PAGE 54

NAME: RIVERVIEW SAVINGS, FSB
ADDRESS: P.O. BOX 1068
CITY, STATE, ZIP: CAMAS, WA. 98607
123964

KNOW ALL MEN BY THESE PRESENTS:

DATED: 11-29-1995

TRANSAMERICA TITLE INSURANCE COMPANY

BY LEONARD A. WILSON, ASST. SECRETARY
(NAME-TITLE)

(The statute recognizes only the following reasons: "death, incapacity, disability or resignation")

DATED: NOVEMBER 29, 1995

RIVERVIEW SAVINGS BANK, FSB (SEA)

BY Shirley A. Dupaul (SEA)
SHIRLEY A. DUPAUL (NAME - TITLE) ASS'T VICE PRESIDENT

BY _____ (SEAL)
NAME - TITLE _____

STATE OF WASHINGTON }
COUNTY OF } ss.

STATE OF WASHINGTON }
COUNTY OF CLARK }

On this day personally appeared before me

On this 29th day of NOVEMBER, 1995,
before me, the undersigned, a Notary Public in
and for the State of Washington, duly
commissioned and sworn, personally appeared

to me known to be the individual described
in and who executed the within and
foregoing instrument, and acknowledged
that _____ signed the same as

Shirley A. DuPaul
suck

free and voluntary act and deed, for the uses and purposes therein mentioned.

to me known to be the Assistant Vice President
President respectively of RIVERVIEW SAVINGS
BANK FSB the corporation that executed the
foregoing instrument and acknowledged the said
instrument to be the free and voluntary act and
deed of said corporation, for the uses and
purposes therein mentioned, and on oath stated
that she is authorized to execute the said
instrument and that the seal affixed is the
corporate seal of said corporation.

WITNESS my hand and official seal hereto
affixed the day and year first above written.

GIVEN under my hand and official seal
this _____ day of _____, 1995.

**NOTARY PUBLIC IN AND FOR THE
STATE OF WASHINGTON
RESIDING AT _____
APPOINTMENT EXPIRES _____**

NOTARY PUBLIC IN AND FOR THE
STATE OF WASHINGTON
RESIDING AT CAMAS
MY APPOINTMENT EXPIRES APRIL 15, 1997

