

TRANSAMERICA
TITLE INSURANCE COMPANY

Return to Freida
LACAMAS COMMUNITY FEDERAL
CREDIT UNION
PO BOX 1108
CAMAS WA. 98607

WHEN RECORDED RETURN TO

Name LaCamas Community Federal Credit Union
(formley Crown Camas Credit Union)
Address PO Box 1108
City, State, Zip Camas Wa 98607

THIS SPACE PROVIDED FOR RECORDER'S USE:

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

MAR 5 9 58 AM '96

Garry
AUDITOR
GARY M. OLSON

124712

Satisfaction of Mortgage

BOOK 155 PAGE 845

LPB-51

KNOW ALL MEN BY THESE PRESENTS: That LaCamas Community Federal Credit Union
(formley Crown Camas Credit Union)

the owner and holder of that certain mortgage bearing date February 2, 1976

executed by Marvin A Clemans and Catherine S Clemans, husband and wife

to secure payment of the sum of Sixteen Thousand and No/100

Dollars (\$ 16,000.00) and interest,

and recorded in the office of the County Auditor of Skamania County, State of Washington,
on Feb 4 1976, in Volume of Mortgages, at page 115

being Auditor's File-No. 81688, does hereby acknowledge that the said mortgage
has been FULLY SATISFIED AND DISCHARGED, and does hereby authorize and direct the said County Auditor
to enter full satisfaction thereof of record.

Dated March 1, 19 96

(Individual)

(Individual)

By William R Thomas
Vice (President)

By William R Thomas
(Secretary)

Registered ☒
Indexed, Ctr ☒
Indirect ☒
Filed ☐
Mailed ☐

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.

Dated _____

Signature _____

Title _____

My appointment expires _____

(SEAL OR STAMP)

STATE OF WASHINGTON

COUNTY OF Clark

I certify that I know or have satisfactory evidence that William R Thomas

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 _____
of _____ to be the free and voluntary act of
such party for the uses and purposes mentioned in the instrument.



3-1-96

Susan Standefer
Signature
Comas Assistant Branch Manager
Title

1-23-99

My appointment expires _____