

SKAMANIA COUNTY TITLE COMPANY

FILED FOR RECORD AT REQUEST OF:

NAME: JERRY JOHNSON
ADDRESS: 141 MARTIN ROAD
CITY AND STATE: WASHOUGAL, WA 98671

THIS SPACE RESERVED FOR RECORDER'S USE

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

APR 12 12 18 PM '96

O. Olson
AUDITOR
GARY H. OLSON

Parcel No.:
SCTC No.: 19745

125010

FULL RECONVEYANCE

BOOK 156 PAGE 549

The undersigned as trustee under that certain Deed of Trust, dated March 31, 1994 in which JERRY L. JOHNSON, a single man, is grantor, and PLAZA HOME MORTGAGE BANK, FSB is beneficiary, recorded April 8, 1994 in Book 142, Page 411, Auditor's File No. 119127, records of Skamania County Washington, having received from the beneficiary under said Deed of Trust a written request to reconvey, 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 Skamania County, Washington, as follows:

SEE ORIGINAL DEED OF TRUST

Dated: April 9, 1996

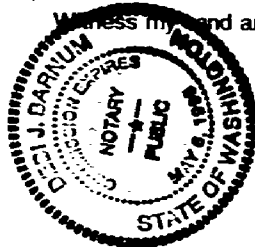
FIRST AMERICAN TITLE INSURANCE COMPANY,
a California corporation.

Jim Copeland
JIM COPELAND, Assistant Secretary

STATE OF WASHINGTON
COUNTY OF SKAMANIA

On this day of April 9, 1996, before me, the undersigned a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared Jim Copeland, known to me to be an Assistant Secretary of First American Title Insurance Company, a California corporation, 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 he 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.



Debi J. Barron
Debi J. Barron
Notary Public in and for the State of Washington
residing at: Camas
My commission expires May 26, 1998.

By _____
Indexed _____
Insured _____
Filed _____
Mailed _____