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SKAMANIA CO. WASH
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OCT 27 1 13 PM '97

P. Lawry
AUDITOR
GARY M. OLSONName Cummings & JamesAddress PO Box 397City, State, Zip Woodland, WA

5072 2/206

SATISFACTION OF MORTGAGE

Reference # (if applicable): _____

Grantor(s): (1) D. Lee Ellison(2) Joan D. EllisonGrantee(s): (1) Laszlo Bolkeny(2) Ruth A. Bolkeny

Additional Grantor(s) on pg. _____

Additional Grantee(s) on pg. _____

Legal Description (abbreviated): NW 1/4 of the NE 1/4 of S20, T3N, R8E

Additional legal(s) on page _____

Assessor's Tax Parcel ID# 03 08 20 2 1 0100 & 0200 00KNOW ALL MEN BY THESE PRESENTS, That D. Lee Ellison and Joan D. Ellisonthe owner and holder of that certain mortgage bearing date February 1, 1977executed by Laszlo Bolkeny and Ruth A. Bolkeny, husband and wife

to secure payment of the sum of

Thirty Three Thousand One Hundred
Ninety Seven and 76/100Dollars (\$ 33,197.76) and interest,and recorded in the office of the County Auditor of Skamania

County, State of Washington,

on February 14, 1977in Volume 53of Mortgages, at page 992being Auditors File No 83575

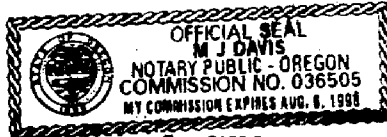
, does hereby acknowledge that the said mortgage

has been FULLY SATISFIED AND DISCHARGED, and does hereby authorize and direct the said County Auditor to enter full
satisfaction thereof of record.Dated October 20, 1997

D. Lee Ellison (Individual)

D. Lee Ellison
(Individual)Joan D. Ellison
Joan D. EllisonBy _____
(President)By _____
(Secretary)By _____
Indirect _____
Indirect _____
Indirect _____STATE OF WASHINGTON
COUNTY OF WASH

On this day personally appeared before me

D. Lee Ellison
to me known to be the individual described in and who
executed the within and foregoing instrument, and
acknowledged that he signed the same as
his free and voluntary act and deed, for the
uses and purposes therein mentioned.GIVEN under my hand and official seal this 21st
day of October, 1997Notary Public in and for the State of Washington,
residing at The Dalles
My appointment expires: 8-6-97

Form 3168-5 (Rev. 12-96)

STATE OF WASHINGTON
COUNTY OF Skamania

I certify that I know or have satisfactory evidence that

Joan D. Ellison 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 theher own free will act to be the free and voluntary
act of such party for the uses and purposes mentioned in the instrument.

(SEAL OR STAMP)



Transnation

TRANSNATION TITLE INSURANCE COMPANY

