

131607

BOOK 177 PAGE 256

FILED IN RECORD
SKAMANIA WASH
BY CLARK COUNTY TITLE

MAY 19 9 03 AM '98

O. Lavy
AUDITOR
GARY H. OLSONName Malfair
Address 39336 NW Washougal River road
City, State, Zip Washougal, WA 98671

00T-58911

ASSIGNMENT OF DEED OF TRUST

Reference # (if applicable): _____
Grantor(s): (1) Biencourt, Christopher (2) Biencourt, Carole
Grantee(s): (1) _____ (2) _____
Additional Grantor(s) on pg. _____ Additional Grantee(s) on pg. _____
Legal Description (abbreviated): Lot 8 & 9, Blk 1, Woodard Marina Estates
Assessor's Tax Parcel ID# 02-06-35-2-3-0800 & 0900 Additional legal(s) on page _____For Value Received, the undersigned as Beneficiary, hereby grants, conveys, assigns and transfers to Roger Malfait and Loretta Malfait whose address is 39336 Washougal River Road, Washougal, WA 98671 all beneficial interest under that certain Deed of Trust, dated May 13, 19 98, executed by Karen Taylor Grantor, to Christopher Biencourt and Carole Biencourt Trustee, and recorded on May 19, 19 98, in Volume 177 of Mortgages, at page 254, under Auditor's File No. 131606, Records of Skamania County, Washington, describing land therein as:

Lots 8 & 9 Woodard Marina Estates, Block 1, according to the plat thereof, recorded in Book "A" of Plats, page 114, records of Skamania County, WA.

Together with note or notes therein described or referred to, the money due and to become due thereon, with interest, and all rights accrued or to accrue under said Deed of Trust.

Dated May 13, 19 98By Christopher Biencourt
Christopher Biencourt
By Carole Biencourt
Carole Biencourt
By _____
(Name-Title)STATE OF WASHINGTON
COUNTY OF CLARK
On this day personally appeared before me CHRISTOPHER AND CAROLE BIENCOURT to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.GIVEN under my hand and official seal this 13th day of May, 19 98Notary Public in and for the State of Washington,
residing at Washougal
My appointment expires 9-9-2000NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
NOVEMBER 9, 2000

Form 3170-1-1-98

STATE OF WASHINGTON
COUNTY OF CLARK
I certify that I know or have satisfactory evidence that they 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 act of such party for the uses and purposes mentioned in the instrument.

(SEAL OR STAMP)

Date

Signature

Title

My appointment expires



Transnation

TRANSNATION TITLE INSURANCE COMPANY