

BOOK 222 PAGE 854

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SEANANED CO. WASH
BY *Washington Mutual*

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J. MICHAEL GARVISON

[illegible]

Washington Mutual - Wisconsin #:0401517527 "YOUNGREN" Lender ID:04911/1674861947 Skamania, Washington
MERS #: 000000000000000000 VRU #: 1-888-679-6377

WHEREAS WASHINGTON RECONVEYANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: DENNIS C YOUNGREN AND CHRISTINE A YOUNGREN , HUSBAND AND WIFE
Beneficiary: WASHINGTON MUTUAL BANK, F.A. SUCCESSOR TO WASHINGTON MUTUAL HOME LOANS, INC.
SUCCESSOR IN INTEREST BY MERGER TO FLEET MORTGAGE CORP.
Original Beneficiary: PROVIDENT FUNDING ASSOCIATES, L.P. A CALIFORNIA LIMITED PARTNERSHIP
Original Trustee: FIRST AMERICAN TITLE INSURANCE COMPANY, A CALIFORNIA CORPORATION
Dated: 07/24/2000 Recorded: 07/28/2000 in Book/Reel/Liber: 201 Page/Folio: 172 as Instrument No.: 138709 In
the Records of the County Recorder of Skamania, State of Washington.
Property Address: 3671 COOK UNDERWOOD RD, COOK, WA 98605

AND WHEREAS, the above said Deed of Trust has been paid in full;

NOW THEREFORE, the present Trustee having received from the present owner of the beneficial interest under said Deed of Trust and the obligations secured thereby a written request to reconvey by reason of the obligations secured by said Deed of Trust, DOES HEREBY RECONVEY, without warranty, to the person or persons legally entitled thereto, the estate, title and interest now held by it under said Deed of Trust, describing the land therein as more fully described in said Deed of Trust.

By WASHINGTON RECONVEYANCE COMPANY as Trustee
On March 25th, 2002

EDWARD ADAMS, ASSISTANT VICE PRESIDENT

STATE OF Wisconsin
COUNTY OF Milwaukee

On March 25th, 2002, before me, GALINA SHKLOVER, a Notary Public in and for Milwaukee County, in the State of Wisconsin, personally appeared EDWARD ADAMS, ASSISTANT VICE PRESIDENT, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

GALINA SHKLOVER
Notary Expires: 01/15/2006

GALINA SHKLOVER
NOTARY PUBLIC STATE OF WISCONSIN

(This area for notarial seal)

Prepared By: JOAN A. KLAUS WASHINGTON MUTUAL BANK, F.A. 11200 WEST PARKLAND AVE, MILWAUKEE, WI 53224
414-359-9300