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J MICHAEL GARVISON

SKAMANIA COUNTY TITLE COMPANY

FILED FOR RECORD AT REQUEST OF:

NAME: ROCK CREEK CLINIC ASSOCIATES

ADDRESS: PO BOX 1519

CITY AND STATE: WHITE SALMON, WA 98672

FULL RECONVEYANCE

The undersigned as trustee under that certain Deed of Trust, dated SEPTEMBER 17, 1996 in which ROCK CREEK CLINIC ASSOCIATES, A GENERAL PARTNERSHIP—is grantor, and KLICKITAT VALLEY BANK is beneficiary, recorded OCTOBER 8, 1996 in Book 159, Page 904, Auditor's File No. 126384, Records of Skamania County, Washington, having received from the beneficiary under said Deed of Trust a written raquest 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

Assessor's Property Tax Parcel/Account Number(s): 02-07-01-2-0-0402-00

Dated: JULY 30, 2002

STATE OF WASHINGTON COUNTY OF SKAMANIA

SKAMANIA COUNTY TIPLE COMPANY

XIM COPELAND, PRESIDENT

On this day of JULY 30, 2002, before me, the undersigned a Notary Public In and for the State of Washington, duly commissioned and sworn, personally appeared. I'm Copoland, known to me to be the President of Skamania County Title Company, a Washington 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.

Notary Public State of Washington JAMES R COPELAND, JR MY COMMISSION EXPIRES September 13,2003

James R. Copeland, JR
Notary Public in and for the State of Washington
residing at: Stevenson
My commission expires on September 13, 2003.