

When Recorded Return To:

LoanCare Servicing Center, Inc
PO Box 8068
Virginia Beach, VA 23450-

DEED OF RECONVEYANCE

LoanCare Servicing Center, Inc. #:1518638 "TOTARO" ID:357001/9800011273 Agt:9800011273 Skamania, WA
WHEREAS RELEASE SYSTEMS, INC is the present Trustee of record under the
following described Deed of Trust:

Trustor: MICHAEL TOTARO AND PAMELA M TOTARO,
Beneficiary: GOLDEN FIRST MORTGAGE CORPORATION FKA GOLDEN NATIONAL
MORTGAGE BANKING CORP FKA CITIZENS MORTGAGE BANKING LTD FKA CITIZENS
FUNDING LTD
Original Beneficiary: WESLEY D MUNCY DBA WES-TERN MORTGAGE COMPANY, A
SOLE PROPRIETORSHIP
Original Trustee: SKAMANIA COUNTY TITLE COMPANY
Dated: 05/26/1998
Recorded on 06/03/1998 as Instrument No. 131778 Book 177, Page 879,
In the County of SKAMANIA, State of WASHINGTON

Property Address: 331 GROPPER RD, STEVENSON, WA, 98648

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 RELEASE SYSTEMS, INC as Trustee
On 1-6-2005 (DATE)

By: [Signature]
LANCE N. WESSELL, PRESIDENT

STATE OF Oregon
COUNTY OF Washington

ON 1-6-05, before me, Lori Robinson, a
Notary Public in and for Washington
County, in the State of Oregon,
personally appeared Lance N. Wessell, 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,

[Signature]
Notary Expires: / /



(This area for notarial seal)

LoanCare Servicing Center Inc. PO Box 8068, VA Beach, VA 23450
ABK-20041126-0058 WASKAMA SKAMANIA WA BAT: 2627/1518638 KXWADOR1