When Recorded Return To:

NATIONAL CITY BANK **LENDING SERVICES 01-7101** PO BOX 5570 CLEVELAND, OH 44197-1201 Doc # 2008168818 Page 1 of 1 Date: 01/28/2008 11:58A Filed by: MATIONAL CITY BANK Filed & Recorded in Official Records of SKAHANIA COUNTY SKAMANIA COUNTY AUDITOR J MICHAEL GARVISON Fee: \$42.00

<u>Deed of Reconveyance</u>

NATIONAL CITY BANK #:4489298170135919 "WRIGHT" Skamania, Washington

WHEREAS FIDELITY NATIONAL TITLE INSURANCE COMPANY is the present Trustee of record under the following described Deed of Trust:

Trustor: KENNETH M WRIGHT AND DEANNA L WRIGHT
Beneficiary: NATIONAL CITY BANK
Original Beneficiary: NATIONAL CITY BANK
Original Trustee: SKAMANIA COUNTY TITLE
Dated: 10/28/2003 Recorded: 11/04/2003 in Book/Reel/Liber: 253 Page/Folio: 784 as Instrument No.: 151040 In

the Records of the County Recorder of Skamania, State of Washington.

Property Address: 601 MAPLE WAY, 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

By FIDELITY NATIONAL TITLE INSURANCE COMPANY as Trustee On Dec 28, 01

LINDA GREEN, ASSISTANT VICE PRESIDENT, LOAN DOCUMENTATION (50 STATE OF

VHOM COUNTY OF

Brittany Snow

COUNTY

on 10100 in the State of _______, personally appeared LINDA GREEN, ASSISTANT VICE PRESIDENT, LOAN DOCUMENTATION, 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 he his figure. 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), on the entity upon behalf of which the person(s) acted, executed the instrument.

icial seal.

Brittany Snow NOTARY PUBLIC **Fulton County** State of Georgia My Commission Expires May 21, 2011

(This area for notarial seal)