AFN #2009173380 Recorded 07/20/09 at 02:34 PM DocType: RECON Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 1 Auditor J. Michael Garvison Skamania County,

After recording return to: FISHER FAMILY TRUST C/O DAVID FISHER PO BOX 249 N BONNEVILLE, WA 98639

DEED OF FULL RECONVEYANCE

Tracking #: 14G0012178

Loan #: 37546

Grantor: DAVID L FISHER AND SUSAN J FISHER, TRUSTEES OF THE FISHER FAMILY TRUST

Assessor's Tax Parcel ID#: 02 072100101500

The undersigned as Trustee or Successor Trustee under that certain Deed of Trust described as follows:

Dated: MARCH 17, 2008 Recorded: MARCH 25, 2008

Recording Number: 2008169342

County of: SKAMANIA State of: Washington

Grantor: DAVID L FISHER AND SUSAN J FISHER, TRUSTEES OF THE FISHER FAMILY TRUST

Trustee: CLARK COUNTY TITLE

Beneficiary: MBANK

Legal Description: AS SHOWN ON DEED OF TRUST AS REFERENCED ABOVE

having received from the Beneficiary under said Deed of Trust, a written request to reconvey, reciting that the obligations secured by the Deed of Trust have been fully satisfied, does hereby grant, bargain, sell and reconvey, unto the parties entitled thereto all right, title and interest which was heretofore acquired by said Trustee(s) under said Deed of Trust.

GAIL C. ENGLERT-JONES RECONVEYANCE SPECIALIST

STATE OF OREGON		
) ss.	
County of Multnomah)	
On this	day of	, 2009 before me, the undersigned, a Notary Public
in and for the State of C	regon, duly comr	nissioned and sworn, personally appeared GAIL C. ENGLERT-JONES, as
RECONVEYANCE SPE	CIALIST of Law	yers Title Insurance Company, a Nebraska corporation, and to me known to
be the person who exec	cuted the foregoin	ng instrument on behalf on said corporation, and acknowledged the said
instrument to be his/her f	ree and voluntary	act and deed for the uses and purposes therein mentioned, and on oath stated
that he/she is authorized t	o execute the said	instrument.

Witness my hand and official seal hereto affixed the day and year first above written.

Ybren Cup Notary Public in and for the State of Oregon,

residing at: 1120 NW Couch St., Ste 500, Portland, OR., 97209.

My appointment expires /////_3

OFFICIAL SEAL
KAREN ANGELINE
NOTARY PUBLIC-OREGON
COMMISSION NO. 435342
MY COMMISSION EXPIRES JAN. 11, 2013