AFN #2011179168 Recorded 10/03/2011 at 12:09 PM DocType: RECON Filed by: CORELOGIC Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

> When recorded mail to: CoreLogic 450 E. Boundary St. Chapin, SC 29036

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Case Nbr: 15608764 Ref Number: 1009937010

Tax ID:

02-07-29-1-2-0201-00

10/15/2011 Property Address: 1201 ISLAND WAY

NORTH BONNEVILLE, WA 98639

WA0-RDT 15608764

9/27/2011

Recording Requested By:

One West Bank Prepared By: Casey Williams 888-603-9011 450 E. Boundary St.

Chapin, SC 29036

MERS Phone #: 888-679-6377

## MIN #: 100055401264572894 DEED OF RECONVEYANCE

FIRST AMERICAN TITLE INSURANCE COMPANY, the present holder of the Deed of Trust described below, in consideration of full payment and satisfaction of the debt secured thereunder, does hereby reconvey, without warranty, to the person(s) legally entitled thereto all of the estate, title and interest under the Deed of Trust described below:

Original Lender:

MERS, INC., AS NOMINEE FOR INDYMAC BANK, F.S.B., A

FEDERALLY CHARTERED SAVINGS BANK

Made By:

PAMELA J ROBINSON AN UNMARRIED WOMAN

Original Trustee: Date of Deed of Trust: FIRST AMERICAN TITLE INSURANCE CO.

5/16/2007

\$223,200.00

Recorded in Skamania County, WA on: 5/23/2007, book N/A, page N/A and instrument number 2007166208

Property Legal Description:

LOTS 1 AND 2 HAMILTON ISLAND PUD, ACCORDING TO THE RECORDED PLAT THEREOF RECORDED IN AUDITOR FILE NO. 2006161510, IN THE COUNTY OF SKAMANIA, STATE OF WASHINGTON.

ITNESS THEREOF, the undersigned has caused this Deed of Reconveyance to be executed on 19/n

FIRST AMERICAN TITLE INSURANCE COMPANY

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(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	Ronald E. Rooney, Authorized Signatory	
State of allth Will County of	(exingn)	
on (121) before me.	Bright Jayhran	, a Notary Public, personally
appeared Ronald E. Rooney, Authorize	ed Signatory of FIRST AMERICAN	TITLE INSURANCE
COMPANY	•	
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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 document and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the document the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

My Commission Expires:

**BRANDY LATHROP** 

Notary Public State of South Carolina My Commission Expires 12/17/2013