

**WHEN RECORDED RETURN TO:**

Deborah S. Domitrovich  
2205 Bald Hill Road  
Auburn, CA 95603

CCT 00139712 NON

**DOCUMENT TITLE(S):**

Full Reconveyance

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**

2008170490

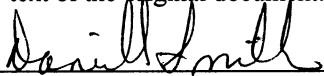
**GRANTOR:**

1. Pascuzzi, Steve L.
2. Pascuzzi, Mindy R.

**GRANTEE:**

1. Domitrovich, Deborah S.

☒ If this box is checked, then the following applies:  
I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.



Signature

WHEN RECORDED RETURN TO:

Deborah S. Domitrovich  
2205 Bald Hill Road  
Auburn, CA 95603

FULL RECONVEYANCE

The undersigned Trustee under that certain Deed of Trust, dated July 21, 2008, in which Steve L. Pascuzzi and Mindy R. Pascuzzi are the Grantor, and Deborah S. Domitrovich is the Beneficiary, recorded on July 21, 2008, under Recording No. 2008170490, Official Records of Skamania County, State of Washington, having received from the Beneficiary under said Deed of Trust a written request to reconvey, reciting that the obligations secured by said Deed of Trust have been fully satisfied, do hereby reconvey, without warranty, to the person(s) entitled thereto, all right, title, and interest now held by said Trustee in and to the property described in said Deed of Trust, situated in Skamania County, State of Washington.

Dated: September 28, 2012

By: 

GARY DEAN PRIGMORE

See attached  
California All-Purpose  
Acknowledgment  
dated 9-28-12

CALIFORNIA ALL-PURPOSE  
CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Placer

On 9-28-12 before me, Jenny L. Johnson, Notary Public  
(Here insert name and title of the officer)

personally appeared Gary Dean Prigmore

who 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(ies), and that by his her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Jenny L. Johnson  
Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he~~/she/~~they~~, is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

Full Reconveyance  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 1 Document Date \_\_\_\_\_

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

☐ Individual (s)  
☐ Corporate Officer

\_\_\_\_\_  
(Title)

☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_