AFN #2013002447 Recorded 11/12/2013 at 01:28 PM DocType: RECON Filed by: CORELOGIC Page: 1 of 1 Auditor Timothy O. Todd Skamania County, WA

When recorded return to:

CoreLogic 450 E Boundary St. Chapin, SC 29036 2733241D

Deed of Reconveyance

M&T BANK #:0013259726 "JOHNSON" Lender ID:215/563206217 Skamania, Washington MERS #: 100050300008534019 SIS #: 1-888-679-6377

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

Trustor: COBI M JOHNSON, AS HER SEPARATE ESTATE

Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC.

Original Beneficiary: MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. ("MERS") AS NOMINEE

FOR M&T BANK

Original Trustee: PACIFIC NORTHWEST TITLE

Dated: 04/30/2009 Recorded: 05/07/2009 in Book/Reel/Liber: N/A Page/Folio: N/A as Instrument No.:

2009172786 In the Records of the County Recorder of Skamania, State of Washington.

Property Address: 301 CANYON CREEK RD, WASHOUGAL, WA 98671

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 FIRST AMERICAN TITLE INSURANCE COMPANY as Trustee On 9-30-12

AUREL W. KEEN, AUTHORIZED SIGNATORY

STATE OF South Carolina COUNTY OF Lexington

On 4-36-13, before me, James B Irim , a Notary Public in and for Lexington in the State of South Carolina, personally appeared LAUREL W. KEEN, AUTHORIZED SIGNATORY, 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,

Wotary Public State of SC

JAMES B. KRIMM
Notary Public
State of South Carolina
My Commission Expires 12/1/2021

(This area for notarial seal)