

RECORDING REQUESTED BY

AND WHEN RECORDED, MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENT TO:

Name: FRANK & SUSAN CHRISTIANSEN

Street Address: P.O. BOX 224

City, State & Zip code: AMBOY WA 98601

TITLE ORDER NO. _____ ESCROW NO. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DEED OF FULL RECONVEYANCE

Whereas, Arthur C. Beagle, the Trustee under the Deed of Trust dated September 1, 1998, made and executed by Frank Christainsen, Susan Christiansen as Trustor(s) to Arthur C. Beagle as beneficiary and recorded as Instrument No. 07051533200300 on September 1, 1998, in Book 181 at Page 326 of the Office Records in the Office of the Recorder of Skamania County, State of Washington having received from Beneficiary under said Deed of Trust a written request to reconvey, reciting that all sums secured by said Deed of Trust have been fully paid, and said Deed of Trust and the note or notes secured thereby having been surrendered to the Trustee for cancellation, do hereby reconvey, without warranty, to the person or persons legally entitled thereto, all right, title and interest heretofore acquired and now held by said Trustee under said Deed of Trust, in the real property commonly know as Lot 3 St. Helens Retreat situated in the County of Skamania, State of Washington, and more particularly described as follows:
Parcel number 07051533200300

Date: 2/21/2015

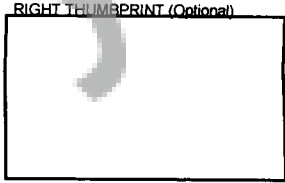
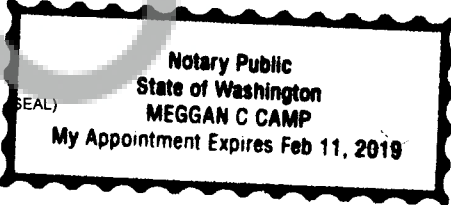
Arthur Beagle
BY GERALD BEAGLE AS
AGENT, as Trustee

STATE OF Washington
COUNTY OF Clark

On 02/21/2015 before me, Meggan C Camp, a Notary Public, personally appeared Gerald Beagle 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.

Signature Meggan C Camp



- CAPACITY CLAIMED BY SIGNER(S)
- ☐ INDIVIDUAL(S)
 - ☐ CORPORATE OFFICER(S)
 - ☐ PARTNER(S)
 - ☒ ATTORNEY IN FACT
 - ☐ TRUSTEE(S)
 - ☐ GUARDIAN/CONSERVATOR
 - ☐ OTHER: _____
- (TITLES)
☐ LIMITED
☐ GENERAL

SIGNER IS REPRESENTING:
Name of Person(s) or Entity(ies)
Arthur Beagle