

Skamania County, WA

Total: \$103.50 Pgs=1

MISC

Request of: TITLE365 - OMAHA

eRecorded by: Simplifile

2021-000398

02/02/2021 09:28 AM

**RECORDING REQUESTED BY:**

Third Federal Savings and Loan Association of Cleveland

**WHEN RECORDED MAIL TO:**

Title365

11010 Burdette St.

Omaha, NE 68164-

**ABBREVIATED LEGAL DESCRIPTION:**

SECTION 29, TOWNSHIP 3 NORTH,  
RANGE 8 EAST.

**REQUEST FOR NOTICE UNDER  
WASHINGTON CIVIL CODE RCW 61.24.040(1)(f)**

In accordance with WASHINGTON CIVIL CODE RCW 61.24.040(1)(f) request is hereby made that a copy of any Notice of Sale under the Deed of Trust recorded on October 3, 2016, as Auditor's File No. 2016002038 in Book \_\_\_\_\_, Page \_\_\_\_\_, of Official Records of SKAMANIA County, Washington, describing the real property therein as follows (Assessor's Parcel No. 03-08-29-0-01900-00):

Executed by DANIEL D. FULLER AND ADRIA L. FULLER, as Trustor, in which AMERICASH is named as Beneficiary, and FIRST AMERICAN TITLE, as Trustee, be mailed to:

Third Federal Savings and Loan Association of Cleveland  
7007 Broadway Avenue  
Cleveland, OH 44105

**NOTICE:** A copy of any Notice of Sale will be sent to the address contained in this recorded request. If your address changes a new request must be recorded.

Dated: 1-25-21

Susan Smith  
Susan Smith, Bank Officer

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the trustfulness, accuracy, or validity of that document.

*No Oath or Affirmation was administered to the signer with regard to the notarial act*

State of Ohio

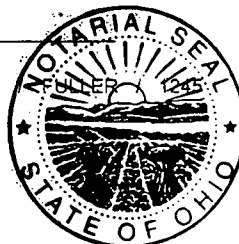
County of Cuyahoga

On 1-25-21 before me, Anna Lenk personally appeared Susan Smith, Bank Officer for Third Federal Savings and Loan Association of Cleveland, 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 Washington that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Anna Lenk  
My commission expires: 11-15-24

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ANNA LENK  
Notary Public, STATE OF OHIO  
My Commission Expires  
NOV. 15, 2024



TFS2924WA  
01/2020