Skamania County, WA

Total: \$103.50 Pgs=1

2021-002014

06/08/2021 08:54 AM RECON FIRST AMERICAN MORTGAGE SOLUTIONS Request of:

eRecorded by: Simplifile

WHEN RECORDED MAIL TO: FIRST AMERICAN MORTGAGE SOLUTIONS 1795 International Way IDAHO FALLS, ID 83402 PH. 208-528-9895

DEED OF RECONVEYANCE

WASHINGTON COUNTY OF SKAMANIA RECORD 2ND



PARCEL NO. 03082300060005

LEGAL DESCRIPTION: NW 1/4 SECTION 23, TOWNSHIP 3N, RANGE 8 EWM

THE UNDERSIGNED, FIRST AMERICAN TITLE INSURANCE COMPANY, located at 1 FIRST AMERICAN WAY, SANTA ANA, CA 92707, as Trustee, Successor Trustee, or Substitute Trustee, under that certain Deed of Trust dated OCTOBER 25, 2013, executed by C TOM ESCENE, AND CYNTHIA ESCENE, HUSBAND AND WIFE

, Trustor, to RECONTRUST COMPANY, N.A., Original Trustee, for the benefit of BANK OF AMERICA, N.A., Original Beneficiary, and recorded on NOVEMBER 04, 2013 as Auditor's File No. 2013002400, in the Records of the County Auditor's Office for SKAMANIA County, State of WASHINGTON.

PROPERTY ADDRESS: 2962 BERGE RD, STEVENSON, WA 98648

WHEREAS, the Undersigned received from BANK OF AMERICA, N.A., the Beneficiary of said Deed of Trust, a written request to reconvey, reciting that the obligation secured by said Deed of Trust has been fully paid and performed, does hereby grant, bargain, and convey, without any covenant or warranty, express or implied, to the person or persons legally entitled thereto, all of the estate held by the Undersigned in and to said described premises by virtue of said Deed of Trust.

IN WITNESS WHEREOF, the undersigned has caused this Instrument to be executed on JUNE 02, 2021. FIRST AMERICAN TITLE INSURANCE COMPANY

MYRNA LINARES, VICE PRESIDENT

STATE OF ARIZONA

COUNTY OF MARICOPA

On JUNE 02, 2021, before me, K STURDIVANT, Notary Public, personally appeared MYRNA LINARES, VICE PRESIDENT of FIRST AMERICAN TITLE INSURANCE COMPANY, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be and whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or entity, who they acted on the behalf of, executed the instrument.

K STURDIVANT (COMMISSION EXP. 12/02/2022) **NOTARY PUBLIC**

K STURDIVANT y Public, State of Arizona Maricopa County Commission # 556290 My Commission Expires December 02, 2022

POD: 20210426

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