Name			
Address			
City, State, Zip			
	T OF DARTIAL DECCAR	EVANCE	
	ST OF PARTIAL RECONV		
The undersigned beneficiary is the			
\$, secu			
in which			
		is trust	
and			
on			
		, records	OI .
	County, Washington.	an incided	
You are requested to reconvey, w	rithout warranty, to the person(s) entitled thereto the right, title	or
interest now held by you thereunder			
Trust, situated in			
		Des Authors File and	
The making of this partial reconver	vance shall be endorsed by vo	u upon said Deed of Trust which	n is
herewith presented to you, together	with the aforesaid promissory r	note, for that purpose.	
Dated			
Approved:			
(Complete)		(Beneficiary)	
(Grantor)		(Delielically)	
By(Name - Title)	By	(Name - Title)	and the same of the same of
	D. D. D.	And nearest tale formers of I	
By(Name - Title)	By	(Name - Title)	 Blass beilt, sich broken flateletra. I gelt imogre jenaktaber og tal for
(Address)	All of Boulders Seasons Se	(Address)	toine

32