



STATE OF WASHINGTON  
DEPARTMENT OF GENERAL ADMINISTRATION  
DIVISION OF REAL ESTATE  
207 General Administration Bldg. AX-22  
Olympia, WA 98504

BOOK 6 PAGE 821  
**LEASE RENEWAL**

97292

Lease No. S-R & L 4505-A.  
(Stevenson) JMD/djt

1. This RENEWAL OF LEASE, Number S-R & L 4505-A, made and entered into this 26th day of January in the year one thousand nine hundred and 84 by and between Wesley A. and Susan C. Monroe, husband and wife and Marvin J. and Linda J. Gentry, husband and wife Star Route #22, Beverly, Washington 99321, Lessor and the

State of Washington, Department of Social and Health Services, Lessee.

reincorporates the original LEASE Number S-R & L 4505-A together with all of the covenants.

terms and conditions therein, unless specifically altered, modified or changed herein, covering the

premises legally described as follows, to-wit:

Approximately 2,050 square feet of office space located at 200 Second Street, Stevenson, Washington 98648, together with nine parking spaces behind building and one handicapped parking space in front of building, situated on all of Lots 21 and 22, and the West 6 feet of Lot 23, of Block 6, of the Town of Stevenson according to the official plat thereof on file, and of record at page 11 of Book "A" of Plats, records of Skamania County, Washington, together with an easement to protect eaves from the existing building located on the West 6 feet of the said Lot 23 reserved by Sam G. Melonas in the capacity of administrator of the Estate of George Nick, deceased, in deed dated June 28, 1966, and recorded June 30, 1966, at Page 90 of Book 56 of Deeds, under Auditor's File No: 67121, records of Skamania County, Washington.

2. TO HAVE AND TO HOLD the premises with their appurtenances for the term beginning

March 1, 1984 and ending with February 28, 1989

3. As per Clause Number 5 of the original LEASE, the Lessee shall pay the Lessor for the premises at the following rate: Eight Hundred Fifty Dollars (\$850.00) per month.

Payment shall be made at the end of each month upon submission of properly executed vouchers.

4. The Lessor shall, on or before February 29, 1984, complete in a good and workmanlike manner alterations as agreed: 1) install shelving on 12" center in storage closet; 2) change swing of rear exit door and install panic hardware for egress only.

5. This lease may, at the option of the Lessee, be renewed for five (5) years at a monthly rental to be negotiated.

IN WITNESS WHEREOF, the parties hereto have hereunto subscribed their names this

13<sup>th</sup> day of FEB., 1984

W.A. Monroe S.C. Monroe

Linda J. Gentry / Marvin J. Gentry  
Lessor.

APPROVED AS TO FORM:

Date MARCH 6, 1984

W. Williams

for the Department of General Administration

STATE OF WASHINGTON.

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Acting through the  
Department of General Administration

R. L. Siegle  
Richard L. Siegle, Deputy Director  
for State Facilities for  
Keith A. Angier, Director

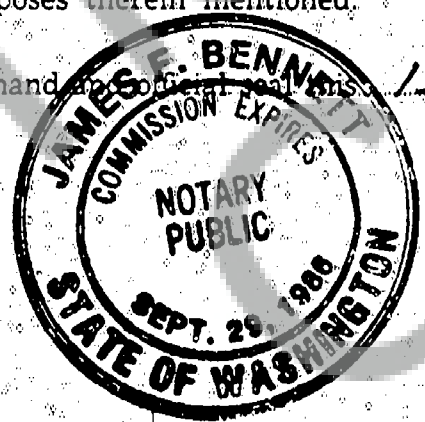
State of Oregon }  
County of Wasco } ss.  
On this the 22 day of Feb 19 84, before me,  
the undersigned Notary Public, personally appeared  
Linda Lentz  
Muriel Lentz  
known to me to be the person(s) whose name(s) they subscribed  
to the within instrument and acknowledged that they  
executed the same for the purposes therein contained.  
IN WITNESS WHEREOF, I hereunto set my hand and official seal.  
Clarence A. Kees  
Exp. 10/9/87

NOTARY PUBLIC  
CLARENCE A. KEES  
1103 E. 11th St.  
ASTORIA, OR 97103

GENERAL ACKNOWLEDGMENT FORM 7110 041 NATIONAL NOTARY ASSOCIATION • 23012 Ventura Blvd. • Woodland Hills, CA 91364

STATE OF WASHINGTON, }  
County of Grant } ss.  
I, the undersigned, a Notary Public, do hereby certify that on this 13<sup>th</sup> day of  
Feb, 1984, personally appeared before me Wesley A. and Susan C.  
Monroe  
to me known to be the individual S described in and who executed the within instrument, and  
acknowledged that they signed and sealed the same as their free and voluntary act and deed,  
for the uses and purposes therein mentioned.

Given under my hand and official seal this 13<sup>th</sup> day of Feb, A. D. 1984.



James E. Bennett  
Notary Public in and for the State of Washington,  
Residing at Mathoma

STATE OF WASHINGTON, }  
County of Thurston } ss.  
I, the undersigned, a Notary Public, do hereby certify that on this 9<sup>th</sup> day of  
March, 1984, personally appeared before me Richard L. Siegle, Deputy  
Director, Department of General Administration, State of Washington, to me known to be the  
individual described in and who executed the within instrument, and acknowledged that he signed  
and sealed the same as his free and voluntary act and deed, for the purposes and uses therein  
mentioned, and on oath stated that he was duly authorized to execute said lease.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this  
9<sup>th</sup> day of March, A. D. 1984

Lawrence Phillips  
Notary Public in and for the State of Washington,  
Residing at Olympia, Washington  
Centralia



STATE OF WASHINGTON )  
COUNTY OF SKAMANIA )  
I HEREBY CERTIFY THAT THE WITHIN

INSTRUMENT OF WRITING FILED BY

State of Washington  
318 Gen. Admin. Bldg. Olympia  
AT 2:10 PM 3-19-84

WAS RECORDED IN BOOK 6

Agree to pay AT PAGE 821

RECORDS OF SKAMANIA COUNTY WITH

Gary M. Olson  
COUNTY CLERK  
E. Mayfield

FORM  
A-19  
Rev. 4/81

STATE OF WASHINGTON  
INVOICE VOUCHER

AGENCY NAME  
Dept. of General Administration  
Division of Real Estate  
207 Gen. Admin. Bldg. AX-22  
Olympia, WA 98504

VENDOR OR CLAIMANT (Warrant is to be payable to)  
County Auditor  
Skamania County  
Courthouse P.O. Box H 97292  
Stevenson, Wa. 98648

AGENCY USE ONLY

| AGENCY NO. | LOCATION CODE | P.R. OR AUTH. NO. |
|------------|---------------|-------------------|
|            |               |                   |

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form in triplicate to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex, or age.

By Gary M. Olson (SIGN IN INK)  
Auditor (TITLE) X 3-19-84 (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to I.R.S.)

| DATE       | DESCRIPTION                                                                                                                                                                                          | QUANTITY | UNIT | UNIT PRICE | AMOUNT  | FOR AGENCY USE |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|------------|---------|----------------|
|            | Please record the enclosed lease and submit billing to the Dept. of General Administration. Under RCW 43.82.010, the Dept. of General Administration is ACTING ON BEHALF of the State tenant agency. |          |      |            |         |                |
|            | This billing, when received from the County, will be forwarded to the State tenant agency for direct payment to the County.                                                                          |          |      |            |         |                |
|            | Please complete the address where warrant is to be mailed, sign and complete the spaces marked with an "X" before submitting this Invoice Voucher to the Department of General Administration.       |          |      |            |         |                |
|            | Lease No. SR&L 4505-A - Stevenson                                                                                                                                                                    |          |      |            |         |                |
|            | Tenant Agency: Department of Social & Health Services                                                                                                                                                |          |      |            |         |                |
|            | AMOUNT DUE COUNTY FOR RECORDING                                                                                                                                                                      |          |      |            | \$ 4.50 |                |
|            | PLEASE NOTE: ORIGINAL recorded lease MUST BE returned with this billing.                                                                                                                             |          |      |            |         |                |
| DOCUMENT # | LIQUIDATION DATE                                                                                                                                                                                     |          |      |            |         |                |

Carrier Shipping Document No. Collect Prepaid No. Pieces Received By Date Received

| ACCOUNT CODE |         |         |        |  | AMOUNT      |             |
|--------------|---------|---------|--------|--|-------------|-------------|
| FUND         | APPROP. | PROGRAM | OBJECT |  | LIQUIDATION | NET INVOICE |
|              |         |         |        |  |             |             |
|              |         |         |        |  |             |             |
|              |         |         |        |  |             |             |
|              |         |         |        |  |             |             |
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|              |         |         |        |  |             |             |
|              |         |         |        |  |             |             |
|              |         |         |        |  |             |             |

|                                      |              |             |                 |                |               |                         |
|--------------------------------------|--------------|-------------|-----------------|----------------|---------------|-------------------------|
| TOTAL                                |              |             |                 |                |               |                         |
| CHECKED AND APPROVED FOR PAYMENT BY: | INVOICE DATE | INVOICE NO. | GROSS INV. AMT. | DISCOUNT IN \$ | NET INV. AMT. | VOUCHER NO. WARRANT NO. |