## WARRANTY DEED

| This Indenture, Made this20   |  |
|---|--|
| in the year of our Lord one thousand nine hundred   | d and sixty-seven  |
| Between EMIL LANGE and JUNE LANGE, hus  | sband_and_wife,_and_GEORGIA_PEHRSSON   |
| and PETER PEHRSSON, husband and wife,   |  |
| the parties of the first part and WILLIAM C   | GREEN and MARY LOUISE GREEN,   |
| husband and wife,   |  |
|   | part_ies_ of the second part:  |
| Witnesseth, That the said parties_ of the fi  | rst part, for and in consideration of the sum of   |
| Ten and no/100  | do by these presents, grant, bargain, sell, the second part, and to their heirs cel of land, situate wing and being in the                         |
| A portion of Lot 12, Block 3, LA to the official plat thereof or office of the Auditor of Skamar being that part of Lot 12 lying northeast corner of Lot 13 throthe southwest corner of Lot 11, the north border of Lot 12.  Subject to the conditions and Lange's Homestead by the dedications | n file and of record in the nia County, Washington, g west of a line joining the pugh a point 25 feet west of and continuing thence to             |
| JUL 3 1967  Amount Paid 20.60  Muled Channel  Skamania County Treasurer  By   | o hold the said premises, with the appurtenances, theirheirs, executors, administrators and  |
| heirs, executors or administrators do by the said parties_ of the second parttheir  | heirs, executors or administrators and assigns, that e of and in all and singular the above granted and they_havegood and lawful right to sell and |
| and that they hereby WARRANT  | and will DEFEND the same from all lawful   |
| claims whatsoever   |  |
| In Witness Whereof, The said part_ies o   | of the first part have hereunto set their  |
| hand seal the day and year first about  | ·  |
| Signed, Sealed and Delivered in Presence of   | Geter Tehrsson (SEAL)  |
| •   | Muf Jange SEAL)  |
|   | James Fasige (SEAL)  |

|   |   | STATE O                         | F WASHII  | IGTON,                               |                 | )                                      |   |             | •*   |                               |                          |
|---|---|---------------------------------|---|--------------------------------------|-----------------|--|---|-------------|--|-------------------------------|--------------------------|
|   |   |                                 |   | •                                    |                 | ss.                                    | (INDIV  | TIDUAL AC   | KNOWLED                                      | MENT)                         |                          |
|   |   | Pierce                          |   |                                      |                 | )                                      | · <u>·</u>  |             |  | •                             |                          |
|   | Ť.  | H. Gr                           | eaerse  | in-                                  |                 |  | Notary Pul  | blic in and | for the State                                | e of Washingto                | m,                       |
|   | -   |                                 | ,   |                                      |                 |  |   |             |  |                               |                          |
|   | do hereby certify that on this 20 day of June , 19 67, personally |                                 |   |                                      |                 |  |   |             |  |                               |                          |
| appeared before me GEORGIA PEHRSSON and PETER PEHRSSON, wife and husband, |   |                                 |   |                                      |                 |  |   |             |  |                               |                          |
|   |   |                                 |   |                                      | ,<br>           |  | <u> </u>  |             |  |                               |                          |
|   | to me knov  | vn to be the in                 | ndividual_s                                     | describ                              | ed in and       | who exec                               | uted the wi   | thin instru | ment and ac                                  | knowledged th                 | at                       |
|   |   |                                 |   |                                      |                 |  |   |             |  | for the uses a                |                          |
|   |   | signed ai<br>erein mention      | ,   | ne same as                           |                 |  | iree and  | voluntary a | ici and deed                                 |                               | iiu                      |
|   | стун <b>о</b>   | TINDER MY                       | THAND A   | ND OFFICIA                           | AL SEAL 1       | his                                    |   | 20          |  | day                           | of .                     |
|   | , , , , , , , , , , , , , , , , , , ,                             | Ninde                           | ,<br><u>-</u>                                   |                                      |                 | ·                                      | ,-  | <i>y</i>    |  | 1.                            |                          |
|   | 1 B   | OT A A S                        | <u>***</u><br>********************************* | , 19                                 | )_ <u>0_1</u> , |  | 1/2   | A           | rso.   |                               |                          |
|   | # U.B   | Upple                           | <u> </u>  |                                      |                 |  |   | · Egg       | 1000   | <u> </u>                      |                          |
|   | Notary Pun  | olic in and for                 | the State                                       | of Washingt                          | on, residin     | g at                                   | Ta  | coma        | A.   | _in said Coun                 | ty.                      |
|   | 34  | 1月670日                          | £*  | •                                    |                 |  | 4   | ) (         |  | 7.3                           |                          |
|   |   | oranimis i                      | -   |                                      | ;               |  |   |             |  | -                             | •                        |
|   | STATE OF  | WASHINGT                        | ON,   | •                                    |                 | ) :                                    | 40  | F 4         | $\mathbf{V}$                                 |                               |                          |
|   |   |                                 |   | •                                    |                 | Ss.                                    | CORE  | PORATE A    | KNOWLED                                      | GMENT)                        |                          |
|   | County of.  |                                 |   |                                      |                 | -)                                     |   |             | •  | -                             |                          |
|   | On th   | is                              |   |                                      |                 | day of                                 |   |             |  | , 19                          | ,                        |
|   | before me   | personally ap                   | peared  |                                      | 1               | <u> </u>                               | 23450   | <b></b>     |  | L                             |                          |
|   |   |                                 |   |                                      | 7               |  | 三个  | · .         |  |                               |                          |
|   |   | wn to be the<br>coration that e |   |                                      | d foregoing     | (c)<br>{Instrum                        | nt and ack  | nowletten   | said Instrum                                 | ent to he the fi              | ree .                    |
|   | ø   |                                 |   | - (                                  |                 |  | A 150   | 72          |  | - L                           |                          |
| /   | "STATE  | OF OREGO                        | N.  |                                      | 1               |  | S S S S S S S S S S S S S S S S S S S                           | FC 51       | ORM NO. 23                                   | - ACKNOWLED                   |                          |
|   |   | arts.                           | 1   | 1 .                                  | ss.             | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | <br>  | 100         |  | 7                             | «                        |
|   | Coun  | ty of Mu                        | Ltnoman.  |                                      | J .             | 29                                     | 025181  |             | 1  | -                             |                          |
|   |   | IT REME                         |   |                                      |                 |  |   |             |  | , 1                           |                          |
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|   |   |                                 |   | •                                    |                 |  |   |             |  | •••••                         |                          |
|   | known to  | me to be                        | the identi                                      | cal individ                          | ual S. de       | escribed                               | in and wl   | ho execute  | d the with                                   | in instrumen                  | nt and                   |
|   | acknowle  | dged to me t                    | that the  |                                      |                 |  |   |             |  | u bond and a                  | allimad                  |
|   |   |                                 | •   | 11V 1                                | ESTIMO          |  |   |             |  | y hand and a<br>st_above writ |                          |
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|   |   |                                 |   | STERED<br>XED: DIR<br>INDIRECT       | <u> </u>        |  |   | Notary Pu   | blic for Ore                                 | egon.                         |                          |
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|   | ,   |                                 |   |                                      |                 |  |   |             | ı  | J.                            | )                        |
|   |   | Ω                               |   |                                      |                 |  | ¥   | 1 3         | 1 / 1 /                                      | 1 5 S                         | <u> </u>                 |
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| •   |   | 2                               | FROM  | t a                                  | GREEN           |  | ANIA<br>FY T  | WRITING.    | 1 00 °                                       | SCAMANIA                      | .1                       |
|   |   | ₹                               | _   |                                      | 3               |  | KAMA  | R W         |  |                               | am (                     |
|   | Š   | 2                               |   |                                      | 5               |  | OE WASSINGTON TY OF SKAMANIA                                    | Jo LZ       | 1 3 8  | 3 6 3                         | William G.<br>202 Powell |
| •   |   | WARRANTY                        |   | 3                                    | LIA             |  |   | T WE        | RECORDED IN                                  | ર્ક કુ<br>વિ                  | Wi.                      |
|   |   | >                               |   |                                      | WILLIAM G       | ;                                      | STATE OE WASHINGAGA<br>COUNTY OF SKAMANIA<br>I HEREBY CERTIFY T | -           | 1 10   | OF RECORDS                    | !<br><b>≿</b>            |
|   |   | <b>!</b>                        | <b>†</b> _ ^                                    | <u> </u>                             | 7               | 1                                      | <b>6</b> -  | <u> </u>    | ∪ ∢ ∌  | υ αε ' '<br>*·                | -                        |

Castle Rock, Washington