



First American Title Insurance Company

Filed for Record at Request of

Name Nancy Perry
Address P.O. Box 981
City and State Carson, WA 98610

FILED FOR RECORD BY SKAMANIA CO. TITLE

DEC 10 11 23 AM '93

G. Laury
AUDITOR
GARY M. OLSON

63-08-17-3-0-0503-00
SCTC 18275

Statutory Warranty Deed

118173

BOOK 140 PAGE 98

THE GRANTOR ART and LEONA STRODE

for and in consideration of Fulfillment of Contract
in hand paid, conveys and warrants to NANCY PERRY, a single person
the following described real estate, situated in the County of Skamania, State of Washington

Lot #2 STRODE SHORT PLAT, located in NE 1/4 of the Southwest quarter of
Section 17, Township 3 North, Range 8 East of the Willamette Meridian.

Registered
Indexed, Dir
Indirect
Filed
Mailed

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated May 9th, 1989, and conditioned for the conveyance of the above described property, and the covenants of warranty herein contained shall not apply to any title, interest or encumbrance arising by, through or under the purchaser in said contract, and shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract. Book 113, Page 908

Real Estate Sales Tax was paid on this sale on May, 9, 1989, Rec. No. 12707
Dated November 19, 1993

Art Strode
ART STRODE

Leona Strode
LEONA STRODE

REAL ESTATE EXCISE TAX

DEC 10 1993

PAID See 12707

SKAMANIA COUNTY TREASURER

STATE OF WASHINGTON

COUNTY OF Walla Walla

On this day personally appeared before me

Leona Strode

to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that *she* signed the same as *her* free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this November 1993

Notary Public for the State of Washington, residing at Walla Walla County

STATE OF WASHINGTON

COUNTY OF

On this day of '9 before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared

and to me known to be the President and Secretary, respectively, of the corporation that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said corporation, for the uses and purposes therein mentioned, and on oath stated that authorized to execute the said instrument and that the seal affixed is the corporate seal of said corporation.

Witness my hand and official seal hereto affixed the day and year first above written.

Notary Public in and for the State of Washington, residing at

Glenda J. Kimmel, Skamania County Auditor
By: *MD* Parcel #03-08-173-0-0503-00
12-10-93

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No 5193

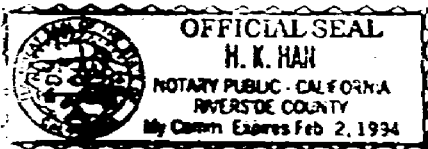
State of CALIFORNIA

County of RIVERSIDE

On 11-19-93 before me, H. K. HAN, NOTARY PUBLIC
DATE NAME TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC"

personally appeared ART STRODE
NAME(S) OF SIGNER(S)

☐ personally known to me - OR - ☒ 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.



WITNESS my hand and official seal.

H. K. Han
SIGNATURE OF NOTARY

OPTIONAL SECTION
CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

☐ INDIVIDUAL
☐ CORPORATE OFFICER(S)

TITLE(S)
☐ PARTNER(S) ☐ LIMITED
☐ GENERAL

☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER: _____

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

OPTIONAL SECTION

TITLE OR TYPE OF DOCUMENT _____

NUMBER OF PAGES _____ DATE OF DOCUMENT _____

SIGNER(S) OTHER THAN NAMED ABOVE _____