

TRANSAMERICA  
TITLE INSURANCE COMPANY

FILED FOR RECORD AT REQUEST OF

THIS SPACE RESERVED FOR RECORDER'S USE:

FILED FOR RECORD  
SKAMANIA CO. WASH  
BY David Hallin

MAY 11 3 19 PM '95

P. Savry  
AUDITOR  
GARY M. OLSON

WHEN RECORDED RETURN TO

Name DONALD L. MELTON

Address 16504 N. E. 207th Ave.

City, State, Zip Brush Prairie, WA 98606

122288

Statutory Warranty Deed

BOOK 149 PAGE 825

THE GRANTOR DAVID B. HALLIN and PATRICIA W. HALLIN, his wife

for and in consideration of Ten Dollars and other good and valuable consideration

in hand paid, conveys and warrants to DONALD L. MELTON and NANCY E. MELTON, his wife

the following described real estate, situated in the County of Skamania, State of Washington:

The Northeast Quarter of the Southeast Quarter of  
the Northeast Quarter of the Southeast Quarter of  
the Northeast Quarter (NE1/4 SE1/4 NE1/4 SE 1/4 NE 1/4)  
of Section 18, Township 7 North, Range 6 East Willamette  
Meridian.

NA  
REAL ESTATE EXCISE TAX

MAY 11 1995

PAID See ex 425

JW

SKAMANIA COUNTY TREASURER

This deed is given in fulfillment of that certain real estate contract between the parties hereto, dated 30th  
October, 1970, 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,  
shall not apply to any taxes, assessments or other charges levied, assessed or becoming due subsequent to the date of said contract.  
Above contract was assigned to Grantor by Donald M. Robbins on October 13, 1975.

Real Estate Sales Tax was paid on this sale on November 24, 1970 . Rec. No. 425

Dated May 9, 1995

David B. Hallin  
Patricia W. Hallin

Copy to Skamania County Auditor  
Date 5/11/95  
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STATE OF WASHINGTON

COUNTY OF Cowlitz

I certify that I know or have satisfactory evidence that  
David B. Hallin and  
Patricia W. Hallin  
is the  
person(s) who appeared before me, and said person(s)  
acknowledged that (he/she/they) signed this instrument and  
acknowledged it to be (his/her/their) free and voluntary act for  
the uses and purposes mentioned in the instrument.

STATE OF WASHINGTON

COUNTY OF

I certify that I know or have satisfactory evidence that

is the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed  
this instrument, on oath stated that (he/she/they) was (were) authorized to execute the instrument  
and acknowledged it as the

of to be the free and voluntary act of  
such party for the uses and purposes mentioned in the instrument



5-9-95  
Audrey P. Williams  
6-1-97  
My appointment expires

(SEAL OR STAMP)

Filed  
Signature  
Title  
My appointment expires

Step 1000  
Indexed, Ctr  
Filed  
Filed