



Commonwealth.
Land Title Insurance Company
OF PHILADELPHIA

Filed for Record at Request of

Name.....

Address.....

City and State.....

THIS SPACE RESERVED FOR RECORDERS USE.
SKAMANIA CO. WASH.
BY CLARK COUNTY TITLE

JUL 20 3 12 PM '95

P. J. J. J.
AUDITOR
GARY H. OLSON

122857

Quit Claim Deed BOOK 151 PAGE 256

THE GRANTOR DAVID L'HOMMEDIEU AND GRETCHEN L'HOMMEDIEU, HUSBAND AND WIFE

for and in consideration of GIFT, LOVE AND AFFECTION

conveys and quit claims to LAWRENCE L'HOMMEDIEU AND PATRICIA L'HOMMEDIEU, HUSBAND AND WIFE

the following described real estate, situated in the County of CLARK State of Washington,
together with all after acquired title of the grantor(s) therein:

Lot 9, Block 1 of RIVER GLEN ON THE WASHOUGAL, ACCORDING TO THE PLAT
THEREOF, RECORDED IN BOOK "A" OF PLATS, AT PAGE 132, RECORDS OF CLARK
COUNTY, WASHINGTON.

17497

REAL ESTATE EXCISE TAX

JUL 20 1995

PAID Exempt
nd
SKAMANIA COUNTY TREASURER

Gary H. Olson, Skamania County Auditor
Date 7/20/95, Paid 2-5-23-3-1300

Dated July 14, 19 95

David C. L'Hommedieu

David L'Hommedieu

Gretchen L'Hommedieu

Gretchen L'Hommedieu

By

(President)

By

(Secretary)

STATE OF WASHINGTON

COUNTY OF SKAMANIA

I certify that I know or have satisfactory evidence that
DAVID C. L'HOMMEDIEU AND
GRETCHEN L'HOMMEDIEU is the
person(s) who appeared before me, and said person(s)
acknowledged that (he/she/they) signed this instrument and
acknowledged that (he/she/their) free and voluntary act for
the purposes mentioned in the instrument.



JULY 14, 1995

Debi J. Barnum

DEBI J. BARNUM

MAY 6, 1998

My appointment expires

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.

(SEAL OR STAMP)

Dated

Signature

Title

Signature

Indorse, Or

Indirect

Witness

Witness

My appointment expires