



**Commonwealth.**  
Land Title Insurance Company  
OF PHILADELPHIA

Filed for Record at Request of

Name Carol A Carpenter  
Address 431 E 5th Place  
City and State Kennecook WA 99336

FILED FOR RECORD  
THIS SPACE PROVIDED FOR COMPLETION BY CLERKS USE.

SKAMANIA CO. WASH  
BY Cindy Egan

AUG 11 8 51 AM '95

J. Bartel  
AUDITOR  
GARY M. OLSON

123013

**Quit Claim Deed**

BOOK 151 PAGE 693

THE GRANTOR Carol A Carpenter

for and in consideration of Good and Valuable Consideration

conveys and quit claims to Cindy Egan

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

Lot #116 Swift Creek Estates

17536

REAL ESTATE EXCISE TAX

AUG 11 1995  
PAID 256.00 + 28.16 + 57.20  
[Signature]  
SKAMANIA COUNTY TREASURER

Gary M. Olson, Skamania County Auditor  
11-11-95 Permit # 7-6-35-2-2-116

Signature [Signature]  
Indexed, Eir   
Indirect   
Filed   
Valid

Dated 9/21, 1994

Carol A Carpenter  
(Individual)

By \_\_\_\_\_ (President)

By \_\_\_\_\_ (Secretary)

STATE OF WASHINGTON  
COUNTY OF Benton

I certify that I know or have satisfactory evidence that Carol A Carpenter 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.

(SEAL OR STAMP) 9/11/94  
[Signature]  
NOTARY - PUBLIC  
My Commission Expires 11-5-1995  
My appointment expires \_\_\_\_\_

(SEAL OR STAMP)

\_\_\_\_\_  
Dated  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
My appointment expires \_\_\_\_\_