



First American Title Insurance Company

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FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

AUG 30 1 33 PM '95

O'Leary
AUDITOR
GARY H. OLSON

Filed for Record at Request of

Name Robert E. & Carol L. Rike

Address PO Box 605

City and State Carson, WA 98610

SCR 19624

Statutory Warranty Deed

123195

BOOK 152 PAGE 443

THE GRANTOR DONALD G. ROOT & MARY JANE ROOT, husband and wife

for and in consideration of FORTY EIGHT THOUSAND DOLLARS AND 00/00

in hand paid, conveys and warrants to ROBERT E. RIKE & CAROL L. RIKE, husband and wife

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

A tract of land in the Northeast Quarter of the Southeast Quarter of Section 20, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lot 1, MCLEOD SHORT PLAT, recorded in Book 3 of Short Plats, Page 68, Skamania County Records.

SUBJECT TO:

1. Rights of the public in and to that portion lying within road.
2. Easement for driveway over the North 15 feet as shown on the recorded short plat.

TOGETHER WITH MOBILE HOME VIN# 09L14535 1979 Ridgecrest

Dated

8-28

19 95

Donald G. Root

Mary Jane Root

175.91

REAL ESTATE EXCISE TAX

STATE OF WASHINGTON

COUNTY OF

On this day personally appeared before me

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

GIVEN under my hand and official seal this day of 19

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

STATE OF WASHINGTON

COUNTY OF

On this day of before me, the undersigned, a Notary Public in and 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

GARY H. OLSON, Skamania County Auditor
Date 8/30/95 Page 8 of 30 - 1-4-95

AUG 30 1995
PAID 614.40
JW
SKAMANIA COUNTY TREASURER

Registered
Indexed - Or
Indexed
Filed
Valid

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT BOOK 152 PAGE 144

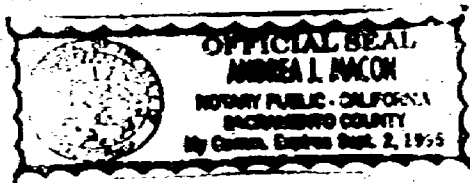
State of California

County of Sacramento

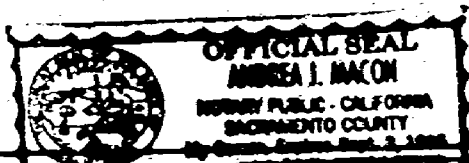
On 8-28-95 before me, Andrea J. Macdon

personally appeared Donald G. Root & Mary Jane Root

☐ 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.



Andrea J. Macdon
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: Marital Waiver Deed

Document Date: _____ Number of Pages: _____

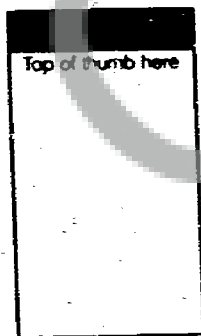
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer
- Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney-in-Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____



Signer's Name: _____

- ☐ Individual
- ☐ Corporate Officer
- Title(s): _____
- ☐ Partner — ☐ Limited ☐ General
- ☐ Attorney-in-Fact
- ☐ Trustee
- ☐ Guardian or Conservator
- ☐ Other: _____

Signer Is Representing: _____

