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FILED FOR RECORD
SKAMANIA CO, WASH
BY SFAMANIA CO, IIII.E

AFTER RECORDING MAIL TO:	SEP 23 4,58 PM 197
Name Whaten A. Wasse	Dawry
Name Victor A. Myers	AUDITOR/ GARY M. OLSON
Address PO Box 372	JAKI II. OLOGI
City State 7:- One was 12- On 073.74	
City, State, Zip Oceanside, OR 97134	
Filed for Record at Request of:	
	_ + / /
BILL OF SAL	Æ
KNOW ALL MEN BY THESE PRESENTS: That STARK STE County of Multnomah , state of Washington, the part(y	REET NURSERY, a partnership of the
THIRTY SEVEN THOUSAND Dollars (\$	37,000,000 money of the United States
the part(y/ies) of the second part, the receipt whereof is hereby	acknowledged do these presents grant baroain
located at <u>Cabinsite No. 21 Northwestern Lake</u>	the following described personal property now
County of Skamania and state of Washington, to-w	vit:
Cabin located on Northwestern Lake Cabinsit	e No. 21, together with
the Stove, Refrigerator and Furnishings in	said cabin,
TOGETHER WITH the leasehold interest as les	see in Lease with Pacificorp.
	Gory H. Martin, Shamania Courty Assessor
Tax ACT 43 10020004210	1/22/97 45.6-2-421
TO HAVE AND TO HOLD the same to the said part(y/ies) of the second part, his	
heirs, executors, administrators and assigns forever. And said part(y/ies) of the first part, for heirs, executors, administrators, covenant and agree(s) to and with the said part(y/ies) of the second part, its	
executors, administrators a	nd assigns, that said part(v/ies) of the first part.
good right and full authority to sell the same, and that Stark	of the said property, goods and chattels and has
will warrant and defend the sale hereby made unto the said part(v	/ies) of the second part his
executors, administrators and assigns, against all and every person to claim the same,	n or persons, whomsoever, lawfully claiming or
IN WITNESS WHEREOF, the said part(y/ies) of the first part has	hercunto setmvhand
and seal this day of September , 1997	- Indiana
	STREET NURSERY, a partnership 4
- John	orther worther
Jon	2 3 3 3 3 5 6 6 5
COUNTY OF KILK + Zz+	direct
I certify that I know or have satisfactory evidence that	2000 1000 1000 1000
(is/are) the person(s) who appeared before me, and said person(s) acknowledged	- (100) (1) (1) (M) (V
that (he/she/they) (is/are) authorized to execute the instrument and acknowledged	it as Max_ a Partner of
STARK STREET NURSERY to be the free and voluntary act of such instrument	party(ies) for the uses and purposes mentioned in this
Dated: September 1016 1997	
Dated Dependent of the Color	O Wedikond
	or the state of Washing in 19039
My appointment expir	es: 10-2-2-4 REAL ESTATE EXCISE TAX
7 m 198 C	
OF WASHIN 11	SEP 23 1997
<del>-</del> % •	Od Dopper
	SKAMANIA COUNTY TREASURER