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BOOK 175 PAGE 274

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

APR 6 12 37 PM '98

amoser

AUDITOR

GARY H. OLSON

AFTER RECORDING MAIL TO:

Name AMERITITLE

Address P.O. BOX 660

City/State HOOD RIVER, OR 97031

See 2/633

Quit Claim Deed

THE GRANTOR

CINDY HODGES, a single person
for and in consideration ofhalf of debt currently owed
conveys and quit claims to

ARNOLD B. WHITLEY, a single person

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

SKAMANIA

, State of Washington.

Lot 10, and the South 44 feet of even width of Lot 9, ORINGTON HEIGHTS,
according to the recorded plat thereof, recorded in Book A of Plats,
Page 146, in the County of Skamania, State of Washington.

REAL ESTATE EXCISE TAX

1998 APR 6 1998

PAID *762.24*

SKAMANIA COUNTY TREASURER

Gary H. Martin, Skamania County Assessor

Date *4/6/98* Parcel # *3-10-21-3-2-106*

Assessor's Property Tax Parcel/Account Number(s): 03-01-21-2-0106-00

5/6 3-10-21-3-2-106

Dated APRIL 2 19 98

CINDY HODGES

Individual

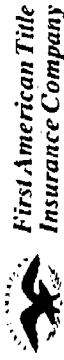
By

Auditor

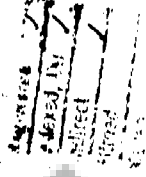
By

Auditor

LPB-12 (11/96)



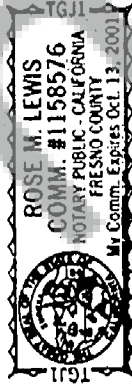
(this space for title company use only)



CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California
 County of Fresno
 on April 2, 1998 before me, Rose M. Lewis, Notary Public
 personally appeared Cynthia Cecilia Helges
Notary Seal

☒ 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.

Rose M. Lewis
Notary Seal

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

Signer Is Representing: _____