POOR 180 PAGE 970
FILED FOR MECORD
SKAHAMI DO. WASH
BY Halina Smalek

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SEP 2 | 20 AH '98

REAL ESTATE EXCISE TAX

QABY N; OLSON

Name TANUSZ BRONSKI & HALINA SMOLAK Address 232 NW Sc. HOOL St City, State, Zip Stevenson wa 98648

3EP - 2 1998 PAID 447.40

Cay, Sume, 24	Sw
211201142210 446101	NMENT OF CONTRACT AND DEED
Reference # (If applicable): BK 150 & 187 AF 1.	12452 Recorded 5/31/95
Grantor(s): (1) Blouin, Steve	(2) Blowin, Sandy
Granteee(s): (1) Bronski, Janusz	(2) Smolak, Halina
Additional Granfor(s) on pg. Lot 4, Rudhe	Additional Grantee(s) on pg.
redu nescribent (annevagen): Tot 4º Knque	Additional legal(s) on page
Assessor's Tax Parcel ID# <u>Ø3 08 273 0</u>	0405 00
THE GRANTOR STEVE BLOUIN and SAM	DY BLOUIN, husband and wife and
for value received do hereby conv	ey and quit claim to
JANUSZ BRONSKI and F	IALINA SMOLAK, husband and wife . he grante,
the following described real estate, situated in Skamar	County, State of Washington, Gury H. Martin, Skarnania County Assessor
together with all after acquired title of the grantor(s) therein	
Lot 4, Rudhe Tracts, according in Book A of Plats, Page 141, Washington.	to the recorded Plat thereof, recorded in the County of Skamania, State of
and do hereby assign, transfer and set over to the grant	lee that contain reel estate contract dated the 3/5th day of
MAY ,19 95 below as selected STEVE BLOUIN and SANDY E	ween JOHN A. DUNOVEN and GAIL E. DUNOVEN, husband and wife
as purchaser for the sale and purchase of the above descrictions of said real estate contract. Dated August 19, , 19 Steve Blouin	98 Sandy Blowin
(GAGA)	ByBECEUNY
STATE OF WASHINGTON COUNTY OF COUNTY	STATE OF WASHINGTON COUNTY OF COUNTY OF Certify that I know or have satisfactory evidence that Certify that I know or have satisfactory evidence that 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 set of the stated that (he/she/they) was (were) authorized to resecute the instrument and acknowledged it as the to be the state and voluntary act of such party for the uses and purposes mentionals in the isstrument. **B.U.TO **B.U.TO **Sometime** **B.U.TO **Sometime** **County Total County Total Cou
redding at U(L). My appointment expires:	WASHIN U. L.C. 2000 My appointment actions

Form 3152-3 (Rev. 12-96)



TRANSNATION TITLE INSURANCE COMPANY