

136828

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FILED
SAM
Eugene Schulze
Red Merits
May 18 1 57 PM '99
GARY H. OLSON

AFTER RECORDING MAIL TO:

Name TED E MERRIS
Address 10424 SE KNIGHT
City/State PORTLAND, OR 97266

Quit Claim Deed

THE GRANTOR
EUGENE + JESSIE SCHULZE

for and in consideration of

VALUABLE CONSIDERATION

conveys and quit claims to

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

Beginning at a maple tree at the intersection of the east line of the present county road with the east line of the NW of NE which point of intersection is approximately 270 feet north of the SE corner of the NW of NE, following the line of said road northwest 422 feet to angle of the road in general east direction along the south line of said county road to the said east line of said NW of NE, south 378 feet to the beginning, containing .75 acres more or less

in Section 34, Township 2 North, Range 6 East of the Willamette Meridian.

Assessor's Property Tax Parcel/Account Number(s): 02 06 341 00500 00Dated Nov. 16, 1999

Gary H. Martin, Skamania County Assessor

Date 11-16-99 Parcel # 2-6-34-1-540
GTMEugene Schulze
(Signature)
Jessie Schulze
(Signature)

By _____

(President)

By _____

(Secretary)

Expensed _____
Deposited the _____
Paid _____
Washed _____

LPB-12 (11/96)

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WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT RCW 42.44.190

State of Washington

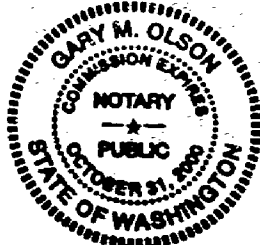
County of SKAMAWIA

ss.

I certify that I know or have satisfactory evidence that EUGENE SCHULZE

Name of Signer

is the person who appeared before me, and
said person acknowledged that he/she
signed this instrument and acknowledged it
to be his/her free and voluntary act for the
uses and purposes mentioned in the
instrument.



Dated: Nov. 16-1999

Month/Day/Year

Gary M. Olson
Signature of Notary Public

Notary Public
Title (Such as "Notary Public")

My appointment expires:

10-31-2000

Month/Day/Year of Appointment Expiration

Place Notary Seal Above

OPTIONAL

Though the information in this section 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.

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Signer(s) Other Than Named Above:



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WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT NCW 42.44.100

State of Washington

County of SKAMANIA

} ss.

I certify that I know or have satisfactory evidence that TESSIE SCHULZE
Name of Signer

is the person who appeared before me, and
said person acknowledged that he/she
signed this instrument and acknowledged it
to be his/her free and voluntary act for the
uses and purposes mentioned in the
instrument.



Dated: Nov. 16 - 1999
Month/Day/Year

Gary M. Olson
Signature of Notary Public

Notary Public
Title (Such as "Notary Public")

My appointment expires:

10-31-2000
Month/Day/Year of Appointment Expiration

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