

Return Address:

Elmer & Delia Hamilton
312 Blackledge Rd
Carson WA 98610

Document Title(s) or transactions contained herein: Affidavit Re: Fence Line	
GRANTOR(S) (Last name, first name, middle initial) Hamilton, Elmer et ux <input type="checkbox"/> Additional names on page _____ of document.	
GRANTEE(S) (Last name, first name, middle initial) Public, The <input type="checkbox"/> Additional names on page _____ of document.	
LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter) SE 4 NW 4 Section 35 T4N R7EWM <input type="checkbox"/> Complete legal on page _____ of document. See map page 2	
REFERENCE NUMBER(S) of Documents assigned or released: <input type="checkbox"/> Additional numbers on page _____ of document.	
ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER 04-07-35-0-0-1003-00 <input type="checkbox"/> Property Tax Parcel ID is not yet assigned <input type="checkbox"/> Additional parcel numbers on page _____ of document.	
The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.	

July 30, 2004

To Whom It May Concern:

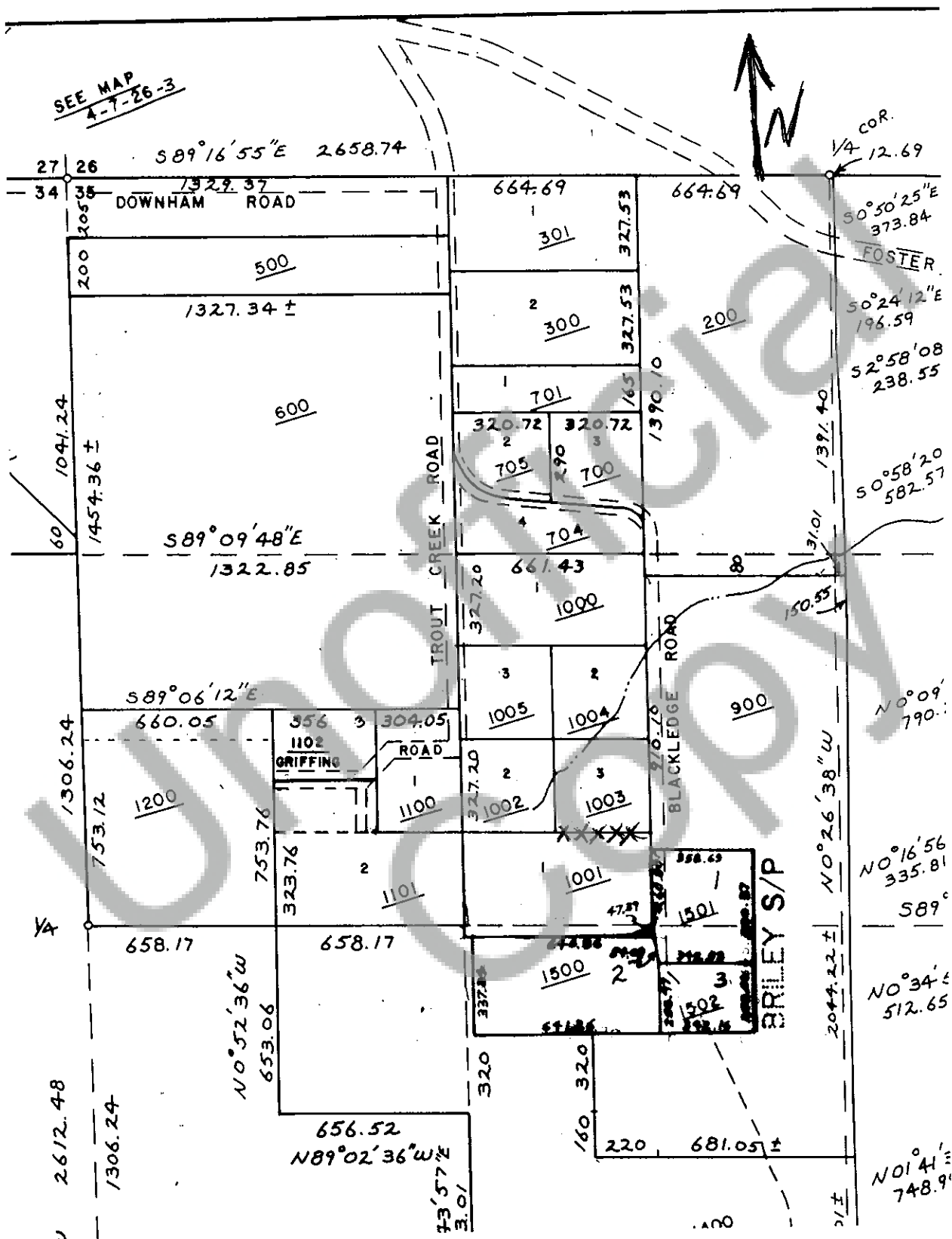
In reference to partial number: 04073500100300. The fence on the south side of our property was put in on the property line described to us when we bought the property. We have been using all of the property up the fence line continuously for the past 16 years that we have been here.

The signatures below will substantiate our claim as to the property line.

Sincerely,

Elmer Hamilton *Delia Hamilton*
Delia and Elmer Hamilton





WASHINGTON SHORT-FORM INDIVIDUAL ACKNOWLEDGMENT RCW 42.44.100

State of Washington

County of

Skamania

} ss.

I certify that I know or have satisfactory evidence that

Elmer & Delia Hamilton
Name of Signer

is the person who appeared before me, and

said person acknowledged that ~~he/she~~ ^{they}

signed this instrument and acknowledged it

to be ~~his/her~~ ^{their} free and voluntary act for the

uses and purposes mentioned in the

instrument.



Dated:

August 3, 2004
Month/Day/Year

Peggy B Lowry
Signature of Notary Public

Notary Public
Title (Such as "Notary Public")

My appointment expires:

2/23/07

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.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT
OF SIGNER