Tody Jackson
571 Skangria Canding Rd
Stevenson WA
98648

Doc # 2007168171
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Date: 11/5/2007 08:54A
Filed by: DEMIAN DANSON & JUDY JACKSON
Filed & Recorded in Official Records
of SKAMANIA COUNTY
SKAMANIA COUNTY AUDITOR
J MICHAEL GARVISON
Fee: \$41.08

Above Space Reserved for Recording [If required by your jurisdiction, list above the name & address of: 1) where to return this form: 2) prepare is a second of the typequesting recording.] **Ouitclaim Deed** 27326 Date of this Document: Reference Number of Any Related Documents: SKAMANIA COUNTY TREASURER Grantor: Name Street Address City/State/Zip Grantee: OCK SON Name Street Address Stevenson. Wa. City/State/Zip Abbreviated Legal Description (i.e., lot, block, plat or section, township, range, quarter/quarter or unit, building and Block 3 Woodard Estates condo name): Lot 7 Assessor's Property Tax Parcel/Account Number(s): 02-06-34-1-4-3760 00 Skamania County Assessor

Date //-2-89 Parcel 0206 34 14 300000 THIS QUITCLAIM DEED, executed this day of ( 20 07, by first party, Grantor, mailing address is 571 Skannenis C second party, Grantee, \_\_\_\_\_ WITNESSETH that the said first party, for good consideration and for the sum of \_\_\_\_\_\_\_ \_\_) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and guitclaim unto the said second party forever, all the right, title, interest and claim,

which the said first party has in and to the following described parcel of land, and improvements and appurtenances thereto in the County of, State of, State of, State of, To wit:
<b>IN WITNESS WHEREOF</b> , the said first party has signed and sealed these presents the day and year first written above. Signed, sealed and delivered in the presence of:
Signature of Witness
Print Name of Witness Occurring C Occurrence
Signature of Witness  Print Name of Witness  Chuyl Coppi
Signature of Grantor  Print Name of Grantor  Demos C Demos
State of Washington County of Clark
On 10-29-57 , before me, Notary Public 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 he/they executed the same in his/her/their authorized capacity(ies), and that be 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.  Signature of Notary
Affiant Known Produced ID  Type of ID DL  (Scall)
(Seal)  NOTARY PUBLIC
CHERYL A. KOPPI
STATE OF WASHINGTON
My Commission Expires Jan. 9, 2010