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|---|---|
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| •   |   |
|   |   |
| i   |   |
|   | REAL ESTATE EXCISE TAX  |
| AFTER RECORDING MAIL TO:  | 28481   |
| Name Robert A Colacello   | APR - 5 2010  |
| Address PO Box 1160   | PAID Clienat  |
| City/State Stevenson, WA 98648-116  | Victoria Delica De Donat  |
|   | SKAMANIA COUNTY TREASURER   |
| Quit Claim Deed   |   |
|   | First American Title  |
| THE GRANTOR Robert A Colacello  | Insurance Company   |
| .4  |   |
| for and in consideration of   | - N   |
| ert A. Colacello Revocable Livin  | ig Trust  |
| conveys and quit claims to Robert A Colacell of the Revocable Living Trust    | o, Trustic  |
| of the Revocable Living Trust   | dated (this space for title company use only)                         |
| March 30, 2010 RC the following described real estate, situated in the County | of Skamania , State of Washington,                                    |
| together with all after acquired title of the grantor(s) there                | in:   |
| I.a. F. of Disch 2 of the CECOND A  | DETECTOR TO UTIL CHECK ACRE TRACTO                                    |
| according to the recorded Plat t  | DDITION TO HILL CREST ACRE TRACTS hereof, recorded in Book *A * of P. |
| Page 100, in the County of Skama  |   |
| UMNIG CONVENIANCE IG GUNIEGE EO G   | OVERANTO CONDITIONS PROTECTOR   |
| "THIS CONVEYANCE IS SUBJECT TO CO<br>AND EASEMENTS, IF ANY AFFECTING          | OVENANTS, CONDITIONS, RESTRICTION TITLE. WHICH MAY APPEAR IN THE      |
|   | SHOWN ON ANY RECORDED PLAT OR SUI                                     |
|   | N   |
| Skamania Cot  | ## As 500   |
| <b>Vale 4-3-10 Pa</b>   | mell 3-75-36-2-3-302<br>W   |
|   |   |
| Assessor's Property Tax Parcel/Account Number(s): 0                           | 3-75-36-2-3-0302-00 <b>©</b>  |
|   | ٣   |
| Dated 4/5 19 20/0   |   |
| Politica A Coloralla  |   |
| KOOLD U LOTACILLO   |   |
|   |   |
| (Individus!)  |   |
| · · · · · · · · · · · · · · · · · · ·   | By(President)   |
| (Individual)  | By  |

AFN #2010175230 Recorded 04/05/10 at 02:41 PM DocType: DEED Filed by: ROBERT A. COLACELLO Page: 1 of 2 Auditor Timothy O. Todd Skamania County, WA

AFN #2010175230 Page: 2 of 2

| STATE OF SS.  | ACKNOWLEDGMENT - Individual   |
|---|---|
| County of Skamania } ss.                                    |   |
| On this day personally appeared before me                   | ent Colacalo  |
|   | to me known   |
| to be the individual(s) described in and who executed the w | vithin and foregoing instrument, and acknowledged that <u>he</u>        |
| signed the same as free and ve                              | oluntary act and deed, for the uses and purposes therein mentioned.     |
| GIVEN under my hand and official seal this                  | day of April 19 2010  |
|   |   |
| <b>77777</b>  | 7. ( )  |
| HEIDI B. PENNER   |   |
| NOTARY PUBLIC   |   |
| STATE OF WASHINGTON COMMISSION EXPIRES                      | Ubidi K Peraner   |
| JANUARY 19, 2011  | Notary Public in and for the State of                                   |
|   | residing at   |
|   | My appointment expires <u>Jan 19, 2011</u>                              |
|   |   |
| STATE OF WASHINGTON   | ACKNOWLEDGMENT - Corporate  |
| STATE OF WASHINGTON,  | ACKNOWLEDGINETT - Corporate   |
| County of   |   |
|   | , before me, the undersigned, a Notary Public in and for the State of   |
| Washington, duly commissioned and sworn, personall          | y appeared to me known to be the  |
| President and Secretary                                     |   |
|   | ment, and acknowledged the said instrument to be the free and voluntary |
|   | therein mentioned, and on oath stated that                              |
|   | al affixed (if any) is the corporate seal of said corporation.          |
|   |   |
| Witness my hand and official seal hereto affixed the        | ne day and year first above written.                                    |
|   |   |
|   |   |
|   | •   |
|   |   |
|   | Natara Dublia in and for the Case of Westington                         |
|   | Notary Public in and for the State of Washington, residing at           |
|   | residing di   |
|   | My appointment expires  |