

WHEN RECORDED RETURN TO:

Stevenson-Carson School Dist.
Lynn D. Walker
PO Box 850
Stevenson, WA 98648

DOCUMENT TITLE(S)

Appointment of ^{Tort} Claims Agent

REFERENCE NUMBER(S) of Documents assigned or released:

Resolution # 09-10/14

☐ Additional numbers on page _____ of document.

GRANTOR(S):

Board of Directors

☐ Additional names on page _____ of document.

GRANTEE(S):

Superintendent

☐ Additional names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

☐ Complete legal on page _____ of document.

TAX PARCEL NUMBER(S):

☐ Additional parcel numbers on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.



Dr. William Hundley, Ed.D., Superintendent | PO Box 850 | Stevenson, WA 98648 | PH 509.427.5674 | FAX 509.427.4028 | www.scsd.k12.wa.us

**STEVENSON-CARSON SCHOOL DISTRICT #303
RESOLUTION #09-10/14**

**Notice of Appointment for Claims Agent
(RCW 4.96.020)**

WHEREAS, pursuant to the provision of RCW 4.96.020 the governing body of each local governmental entity shall appoint an agent to receive any claim for damages made under chapter 4.96 RCW.

NOW, THEREFORE, BE IT HEREBY RESOLVED, that the Board of Directors for the Stevenson-Carson School District #303 of Skamania County, duly formed and existing under the laws of the State of Washington, has appointed the Office of the Superintendent as the Claim Agent to receive any claims for damages against the Stevenson-Carson School District #303.

Agent Appointed: The Office of the Superintendent
Stevenson-Carson School District #303
PO 850
Stevenson, WA 98648
(509) 427-5674

IN WITNESS WHEREOF, The above instrument has been signed this 16th day of August, 2010 and will be recorded with the Skamania County Auditor's Office, Stevenson, WA.

[Signature]
Board Chair

[Signature]
Director

[Signature]
Director

[Signature]
Superintendent/Secretary to Board

[Signature]
Director

[Signature]
Director

State of Washington, County of Skamania

Signed and sworn to before me on the 16th day of August, 2010 in Stevenson, Washington.

By [Signature]
Notary Public
My Appointment Expires 05-16-12