

When recorded return to:

Richard A. + Sherrill M. Balogh
1592 LABAREE RD.
Washougal, WA 98671

QUIT CLAIM DEED

THE GRANTOR(S) Richard A + Sherrill M. Balogh Trustees of the
The Richard A. + Sherrill M. Balogh Living Trust

for and in consideration of

change of vesting title

in hand paid, conveys and quit claims to

Richard A. + Sherrill M. Balogh

the following described real estate, situated in the County of SKAMANIA, State of Washington

together with all after acquired title of the grantor(s) herein:

Lot 1, Ranch Estates @ North Fork

Tax Lot 8002, 800203

(02050000800200) Total Acreage 14.9

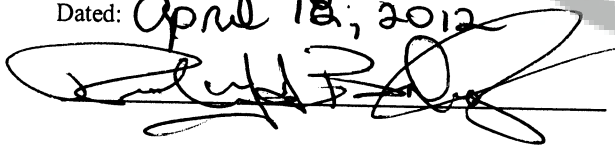
(02050000800203)

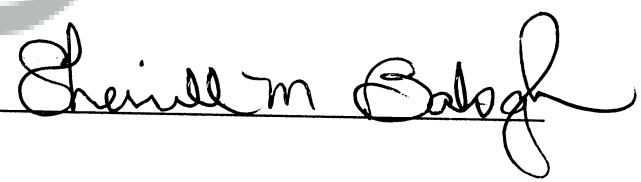
Skamania County Auditor
Date 5-2-12 Parcel 2-5-0000-8002-00
+ 800203

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): (020500008002) (02050000800203)
8002/800203

Dated: April 18, 2012





REAL ESTATE EXCISE TAX

29524

MAY 07 2012

PAID exempt
Vickie Chittenden, Deputy
SKAMANIA COUNTY TREASURER


STATE OF *California*

COUNTY OF *Riverside*

ss.

I certify that I know or have satisfactory evidence that
Richard Balogh and Sherrill Balogh
(is/are) the person(s) who appeared before me, and said person(s) acknowledged that *they* signed
this instrument, on oath stated that *they* authorized to execute the instrument and acknowledge it as
the *Quit Claim Deed* of
to be
the free and voluntary act of such party(ies) for the uses and purposes mentioned in this instrument.

Dated:
4/18/12



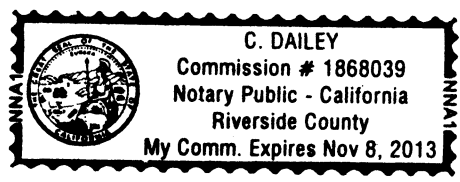
Notary name printed or typed:
Notary Public in and for the State of *California*
Residing at *36101 Bob Hope Dr ES #214*
My appointment expires: *11/8/2013*



Unofficial Copy

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Riverside }
On April 18, 2012 before me, C. Dailey, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Richard A & Sherrill Balogh
Name(s) of Signer(s)



who 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/she/they executed the same in his/her/their authorized capacity(ies), and that by 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.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.
Signature: [Signature]
Signature of Notary Public

Place Notary Seal and/or Stamp Above
OPTIONAL
Though the information below 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: Quit Claim Deed
Document Date: 4/15/12 Number of Pages: 2
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

| | |
|--|--|
| Signer's Name: _____ | Signer's Name: _____ |
| <input type="checkbox"/> Corporate Officer — Title(s): _____ | <input type="checkbox"/> Corporate Officer — Title(s): _____ |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General | <input type="checkbox"/> Partner — <input type="checkbox"/> Limited <input type="checkbox"/> General |
| <input type="checkbox"/> Attorney in Fact | <input type="checkbox"/> Attorney in Fact |
| <input type="checkbox"/> Trustee | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Guardian or Conservator | <input type="checkbox"/> Guardian or Conservator |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| Signer Is Representing: _____ | Signer Is Representing: _____ |

