AFN #2013000974 Recorded 05/07/2013 at 03:15 PM DocType: DEED Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 3 Auditor Timothy O. Todd Skamania County, WA

When recorded return to: Brian S. McNamara 80 & 82 NW Columbia Avenue Stevenson, WA 98648

Filed for record at the request of:



1499 SE Tech Center Place, Suite 100 Vancouver, WA 98683

Escrow No.: 622-51612

QUIT CLAIM DEED

142457 THE GRANTOR(S)

Anne Sullivan, as her separate estate

for and in consideration of Relief of liability for debt in hand paid, conveys and quit claims to Brian S. McNamara, as his separate estate

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 10, 11 and the Easterly 10 feet of Lot 9, Block 7 of RIVERVIEW ADDITION TO THE TOWN
OF STEVENSON, according to the Plat thereof, recorded in Book "A" of Plats, page 21, records of Clark County, Washington.

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

Tax Parcel Number(s): 03073644330000

Dated: May 1, 2013

Skamania County Assessor

Date 5-7-1 3 Parcel 3-7-36-4-4-3300

Anne Sullivan

3000

MAY 07,2013

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QUIT CLAIM DEED

(continued) State of Cal. frnia I certify that I know or have satisfactory evidence that is/are the person(s) who appeared before me, and said person(s) acknowledged that (he/she/they) signed this of instrument and acknowledged it to be (his/her/their) free and voluntary act for the uses and purposes mentioned in this instrument. Dated: Name: Notary Public in and for the S Residing at: LOS HAD My appointment expires:

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CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California	
County of los Angeles	
On May 3, 2013 before me, Elaine & Rennett, Notery Public (Here insert hame and title of the officer) personally appeared Anne Sullivan	
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 is true and correct. WITNESS my hand and official seal. Signature of Novary Public	ELAINE Y. KENNETT Commission # 1925931 Notary Public - California Los Angeles County My Comm. Expires Mar 17, 2015
ADDITIONAL OPTIONAL INFORMATION	
DESCRIPTION OF THE ATTACHED DOCUMENT Quit Claim (Title or description of attached document) Any ac appear properly document acknow verbiage Californ	INSTRUCTIONS FOR COMPLETING THIS FORM knowledgment completed in California must contain verbiage exactly as above in the notary section or a separate acknowledgment form must be a completed and attached to that document. The only exception is if a ni is to be recorded outside of California. In such instances, any alternative ledgment verbiage as may be printed on such a document so long as the e does not require the notary to do something that is illegal for a notary in the circuit in the authorized capacity of the signer). Please check the int carefully for proper notarial wording and attach this form if required.
(Additional information) signa Date must The com Print	and County information must be the State and County where the document r(s) personally appeared before the notary public for acknowledgment. of notarization must be the date that the signer(s) personally appeared which also be the same date the acknowledgment is completed. notary public must print his or her name as it appears within his or her nission followed by a comma and then your title (notary public). the name(s) of document signer(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER Individual (s) Surporate Officer (Title) Partner(s) Individual (s) Individual (ization. ate the correct singular or plural forms by crossing off incorrect forms (i.e. e/they, is /are) or circling the correct forms. Failure to correctly indicate this mation may lead to rejection of document recording. notary seal impression must be clear and photographically reproducible. assion must not cover text or lines. If seal impression smudges, re-seal if a lient area permits, otherwise complete a different acknowledgment form. ture of the notary public must match the signature on file with the office of
☐ Attorney-in-Fact ☐ Trustee(s) ☐ Other ❖	ounty clerk. Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
2008 Version CAPA v12.10.07 800-873-9865 www.NotaryClasses.com	