

**Return Address:**

MMREM Title LLC  
1199 S Belt Line RD # 105  
Coppell, TX 75019  
WA 15110009-13

Record and Return to:  
Blue Streak Docs  
404 S. MLK, Jr. Avenue  
Clearwater FL 33756

**SKAMANIA COUNTY  
REAL ESTATE EXCISE TAX**

*31637*  
JAN 11 2016

PAID *Skempt*  
*by deposit*  
SKAMANIA COUNTY TREASURER

Please print or type information **WASHINGTON STATE RECORDER'S Cover Sheet** (RCW 65.04)

**Document Title(s)** (or transactions contained therein): (all areas applicable to your document must be filled in)

1. STATUTORY WARRANTY DEED 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Reference Number(s) of Documents assigned or released:**

Additional reference #'s on page \_\_\_\_\_ of document

**Grantor(s)** Exactly as name(s) appear on document

1. Carrington Mortgage Services, LLC

Additional names on page \_\_\_\_\_ of document.

**Grantee(s)** Exactly as name(s) appear on document

1. Secretary of Housing and Urban Development of Washing D.C. 20410, its  
successors in interest and/or assigns

Additional names on page \_\_\_\_\_ of document.

**Legal description** (abbreviated: i.e. lot, block, plat or section, township, range)

LOT C-28 OF THE PLAT OF RELOCATED NORTH BONNEVILLE - CBD, SHEET 8 OF 10 SHEETS, RECORDED IN  
BOOK 'B' OF PLATS, PAGE 14, SKAMANIA COUNTY FILE NO. 83466. ALSO RECORDED IN BOOK 'B' OF PLATS,  
PAGE 30, SKAMANIA COUNTY FILE NO. 84429, RECORDS OF SKAMANIA COUNTY, WASHINGTON.

Additional legal is on page \_\_\_\_\_ of document.

**Assessor's Property Tax Parcel/Account Number**  
assigned 02-07-20-1-3-4300-00

☐ Assessor Tax # not yet

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 provided herein.

"I am signing below and paying an additional \$50 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

\_\_\_\_\_  
Signature of Requesting Party

**Note to submitter: Do not sign above nor pay additional \$50 fee if the document meets margin/formatting requirements**

WHEN RECORDED MAIL DEED AND TAX  
STATEMENTS TO:  
**Department of Housing and Urban Development**  
**c/o Michaelson, Connor and Boul, Inc.**  
**4400 Will Rogers Parkway, Suite 300**  
**Oklahoma City, OK 73108**

TS No.: WA-15-656315-GPS  
FHA No.: 561-8477721-703  
Order No.:

SPACE ABOVE THIS LINE FOR RECORDERS USE

### STATUTORY WARRANTY DEED

**THE GRANTOR, CARRINGTON MORTGAGE SERVICES, LLC.,** for and in consideration of Ten dollars and other good and valuable consideration in hand paid, conveys and warrants to **Secretary of Housing and Urban Development of Washington, D.C. 20410, its successors in interest and/or assigns,** the following described real property in the city of **North Bonneville, County of SKAMANIA, State of Washington.**

**Tax Parcel ID Number: 02-07-20-1-3-4300-00** (initials)

**LOT C-28 OF THE PLAT OF RELOCATED NORTH BONNEVILLE - CBD, SHEET 8 OF 10 SHEETS, RECORDED IN BOOK 'B' OF PLATS, PAGE 14, SKAMANIA COUNTY FILE NO. 83466. ALSO RECORDED IN BOOK 'B' OF PLATS, PAGE 30, SKAMANIA COUNTY FILE NO. 84429, RECORDS OF SKAMANIA COUNTY, WASHINGTON.**

THIS DEED IS SUBJECT TO THE FOLLOWING EXCEPTIONS:

--GENERAL TAXES, TOGETHER WITH INTEREST AND PENALTY, IF ANY.

--EASEMENTS, RESTRICTIONS, COVENANTS OR CONDITIONS IMPOSED BY INSTRUMENT OR CONTAINED ON THE FACE OF THE PLAT, IF ANY.

Skamania County Assessor  
Date 1-11-16 Parcel# 2-7-20-1-3 4366  
(initials)

TS No.: WA-15-656315-GPS

Tax Parcel ID Number: 02-07-20-1-3-4300-00

Dated: 12/10/15

CARRINGTON MORTGAGE SERVICES, LLC,

By: Elizabeth A. Ostermann  
Title: Vice President

State of: \_\_\_\_\_)

County of: \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_ a notary public, personally appeared \_\_\_\_\_, 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 \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

**See Attached**

Signature \_\_\_\_\_ (Seal)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

## CALIFORNIA ALL – PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California  
County of Orange } ss.

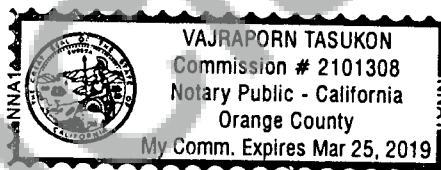
On DECEMBER 10<sup>th</sup> 2015, before me, Vajraporn Tasukon, Notary Public, personally appeared Elizabeth Ostermann who proved to me on the basis of satisfactory evidence to be the person(~~s~~) whose name(~~s~~) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she~~/they 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

(Seal)



### ADDITIONAL OPTIONAL INFORMATION

#### INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

#### DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages \_\_\_\_\_ Document Date \_\_\_\_\_

(Additional information)

#### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/~~she/they~~ - is /~~are~~) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document