AFN #2017001888 Recorded Sep 06, 2017 02:18 PM DocType: TOD Filed by: Betty Smith Page: 1 of 3 File Fee: \$75.00 Auditor Robert J. Waymire Skamania County,

After recording, please return to:

Betty Smith POBOX546 CArsoniwa98610

REVOCABLE TRANSFER ON DEATH DEED

Under Chapter 64.80 RCW
Washington Uniform Real Property Transfer on Death Act

NOTICE TO TRANSFEROR:

- You may want to consult a lawyer before using this form.
- You should carefully read all information the end of this form.
- This form must be recorded before your death, or it will not be effective.

IDENTIFYING INFORMATION:

Transferor, being of competent mind and having the legal capacity to make this deed:

Legal description of the property, situated in Skamania County, Washington:

Assessor's property tax parcel or account number: 020720340 90000

Property address: 809 Celi Lo Legal Description:

0.17 2 BODROON

PRIMARY BENEFICIARY:

I designate the following grantee beneficiary if the beneficiary survives me.

PAMELA MAY SCAMAN

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
N/A
SEP 0 6 2017

CONTINGENT BENEFICIARY: (Optional)

BAID S/A SERVERY SKAMANIACOUNTY TREASURER

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TRANSFER ON DEATH:

- At my death, I transfer my interest in the described property to the grantee beneficiaries as designated above.
- Before my death, I have the right to revoke this deed.
- This deed revokes all prior beneficiary designations by this owner for this interest in real estate.

REAL ESTATE EXCISE TAX EXEMPTION:

The recording of this revocable transfer on death deed is not a "sale" as defined in RCW 82.45.010(1) and is therefore not subject to real estate excise tax. The transfer that will occur under this revocable transfer on death deed at the time of the owner's death is exempt from the Washington Real Estate Excise Tax by reason of RCW 82.45.010(3)(b) and WAC 458-61A-202(7).

SIGNATURE OF TRANSFEROR MAKING THIS DEED:	
Bette Ma Small	
Transferor	Transferor
Sep 6 2017	
Date	Date
Construe all terms with the approprisense of this deed.	iate gender and quantity required by the
STATE OF Washington.)ss:
COUNTY OF SKA MANUAL I certify that I know or have satisfact	(L) 1/2 / 'm
Is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument. Dated **Dember b. 701** Da	
KATHY L. MCKENZIE NOTARY PUBLIC This instruction commission expires JANUARY 01, 2021	Signature Notary/Public in and for the State of Washington, residing at: My appointment expires: ////Zoz/

