AFN #2017001889 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 PO. BOX546 CArSOWIWA. 98610

## **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: 03082044230000 Property address: 21 HoT SPII WGS AUR CARSON

Legal Description:

#### PRIMARY BENEFICIARY:

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

Pamela Mry Semman

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
NA

**CONTINGENT BENEFICIARY: (Optional)** 

SEP 0 6 2017

SKAMANIA CONTY 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:**

JANUARY 01, 2021

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).

# reason of RCW 82.45.010(3)(b) and WAC 458-61A-202(7). SIGNATURE OF TRANSFEROR MAKING THIS DEED: Transferor Date Construe all terms with the appropriate gender and quantity required by the sense of this deed. ACKNOWLEDGMENT STATE OF ///asheneton COUNTY OF WKarbania )ss: I certify that I know or have satisfactory evidence that Is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (hjs/her) free and voluntary act for the uses and purposes mentioned in the instrument. Dated: Signature Notary Public in and for the State of Washington, residing at: KATHY L. MCKENZIE **NOTARY PUBLIC** KIKUSDU STATE OF WASHINGTON My appointment expires: /// This instrumenowalls in the CPURES

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