

When recorded return to:

Leanne F. Haifley
1609 Nevada St
The Dalles OR 97058

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

32861
OCT 18 2017

Filed for Record at Request of
Columbia Gorge Title
Escrow Number: S17-0379JA

PAID

Exempt
Cy deposits
SKAMANIA COUNTY TREASURER

QUIT CLAIM DEED

THE GRANTOR CHRISTOPHER DAVID HAIFLEY for and in consideration of Community Property in hand, conveys and quit claims to Grantee, LEANNE F. HAIFLEY, A MARRIED WOMAN, AS HER 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) therein:

Lot 15, Block 1, ESTABROOK ADDITION TO THE TOWN OF CARSON, according to the recorded Plat thereof, recorded in Book 'A' of Plats, Page 31, in the County of Skamania, State of Washington.

Tax Parcel Number(s): 03-08-29-1-1-4200-00

Skamania County Assessor

Date 10-17-17 Parcel# 03-08-29-1-1-4200-00
Ym

Dated:

CD Haifley
Christopher David Haifley

10/13/17

STATE OF CALIFORNIA)
COUNTY OF LOS ANGELES) SS:

I certify that I know or have satisfactory evidence that Christopher David Haifley the person(s) who appeared before me, and said person(s) acknowledged that he signed this instrument and acknowledge it to be his free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: 10/13/17

Notary Public in and for the State of
Residing at:
My appointment expires:

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**CIVIL CODE § 1189**

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.

State of California

County of LOS ANGELESOn OCTOBER 13, 2017 before me, KATALIN LANGIANESE, Notary Public

Date

Here Insert Name and Title of the Officer

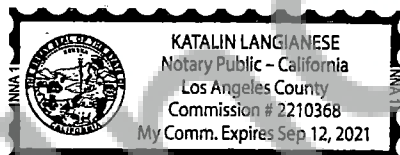
personally appeared CHRISTOPHER DAVID HAIFLEY

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 of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: QUIT CLAIM DEEDDocument Date: OCTOBER 13, 2017 Number of Pages: 1

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)Signer's Name: CHRISTOPHER DAVID HAIFLEY Signer's Name: _____☐ Corporate Officer — Title(s): _____ ☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General ☐ Partner — ☐ Limited ☐ General☒ Individual ☐ Attorney in Fact ☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator ☐ Trustee ☐ Guardian or Conservator☐ Other: _____ ☐ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____