

When recorded return to:

Robert A Sourek
PO Box 1152
Carson, WA 98610

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

33241
MAY -7 2018

Filed for Record at Request of
Columbia Gorge Title
Escrow Number: S18-0168JA

PAID \$2,147.00
Christy Ann Deputy
SKAMANIA COUNTY TREASURER

Statutory Warranty Deed

THE GRANTOR Robert B. Schoene, a married person and Marsha B. Schoene, a married person, as joint tenants with right of survivorship for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to THE GRANTEE Robert A Sourek, an unmarried person the following described real estate, situated in the County of Skamania, State of Washington:

The West half of the Southwest Quarter of the Southwest Quarter of Section 5, Township 3 North, Range 8 East of the Willamette Meridian, in the County of Skamania, State of Washington.

EXCEPTING THEREFROM that portion of the following described tract of land lying North of the South line of Section 5, as conveyed by deed recorded in Book 74, Page 389, Skamania County Records, more particularly described as follows:

Beginning at the Northwest corner of Section 8, Township 3 North, Range 8 East of the Willamette Meridian; thence South $01^{\circ} 01' 41''$ West along the West line of Section 8, 148.00 feet; thence East parallel to the North line of the Northwest Quarter of said Section 8, 208.71 feet; thence North $01^{\circ} 01' 41''$ East parallel to the said West line of Section 8, 417.4 feet, more or less to a point that is 208.71 feet South $88^{\circ} 58' 20''$ East and 269.4 feet North $01^{\circ} 01' 41''$ East of the Northwest corner of the Northwest Quarter of said Section 8 as measured at a right angle to said West line of Section 8 and parallel to said West line; thence North $88^{\circ} 58' 20''$ West as determined by a right angle to the said West line of Section 8, 208.71 feet more or less to the West line of the Southwest Quarter of Section 5; thence South to the point of beginning.

SUBJECT TO SPECIAL EXCEPTIONS 7,8,9,11 OF THE PRELIMINARY TITLE REPORT DATED APRIL 30, 2018 FILE NUMBER S18-0168KM. A COPY OF WHICH WAS PROVIDED TO THE GRANTOR AND GRANTEE HEREIN NAMED.

Tax Parcel Number(s): 03-08-05-0-0-0507-00

Skamania County Assessor
Date 5-3-18 Parcel# 03-08-05-0-0-0507-00
Ym

Dated ✓ 5/2/18

Marsha B Schoene-Langohr
Marsha B Schoene-Langohr

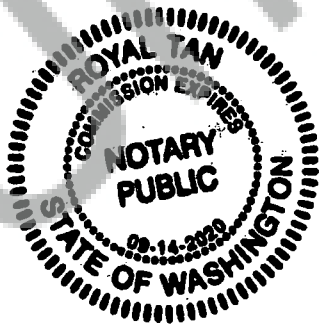
STATE OF Washington
COUNTY OF King } SS:

I certify that I know or have satisfactory evidence that **Marsha B Schoene-Langohr**

are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledge it to be their free and voluntary act for the uses and purposes mentioned in this Statutory Warranty Deed.

Dated: 5/2/18

[Signature]
Notary Public in and for the State of Washington
Commission Expires 9-14-2020



Dated ✓ May 2, 2018

✓ Robert B Schoene
Robert B Schoene

STATE OF _____ }
COUNTY OF _____ } SS:

I certify that I know or have satisfactory evidence that Robert B Schoene

are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledge it to be their free and voluntary act for the uses and purposes mentioned in this Statutory Warranty Deed.

Dated: _____

Notary Public in and for the State of _____
Commission Expires _____

California All-Purpose
Acknowledgment Attached

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 MARINOn 5-2-2018 before me,Bonnie Lou Romano, Notary Public

Date

Here Insert Name and Title of the Officer

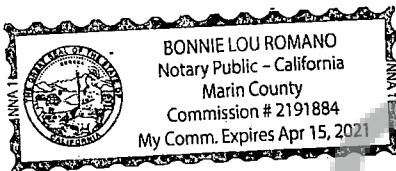
personally appeared R. Schoene

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

Bonnie Lou Romano

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 Document

Title or Type of Document: _____

Document Date: _____

Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer Is Representing: _____