AFN #2018001016 Recorded May 15, 2018 03:12 PM DocType: DEED Filed by: Wyers/Wyers Page: 1 of 3 File Fee: \$76.00 Auditor Robert J. Waymire Skamania County, WA

When recorded return to: Wyers|Wyers, Attorneys PO Box 421 Bingen, WA 98605

QUIT CLAIM DEED

THE GRANTOR, Anna B. Presley, the un-remarried widow of Curtis E. Presley, deceased, as her separate estate, for and in consideration of release of life estate interest, conveys and quit claims to Timothy W. Presley a single man, as his separate estate, all her interest in and to the following described real estate, situated in the County of Skamania, State of Washington, together with all after acquired title of the grantor herein:

The South 208 feet of the East 208 feet of the Southeast Quarter of the Southwest Quarter of the Southwest Quarter of Section 11, Township 3 North, Range 9 E.W.M.;

Subject to easement and right of way for the county road known and designated as the Willard Road.

Together with 1973 Barrington 60/24 VIN #74365

Subject to and together with those covenants, conditions, restrictions and easements of record.

Tax Parcel Number: 03 09 11 30 2100 00

Skamania County Assessor

Date_5-/5-12-Parcell 030 91130 21 00 00

This conveyance releases grantor's life estate interest as reserved in that Quit Claim Deed, recorded July 29, 1997, Book 167, page 626, Auditor's File No. 128792, Skamania County Deed Records.

Dated: May 10, 2018.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

33259 MAY 1.5 2018

Anna B. Presley, Grantor

SKAMANIA COUNTY TREASURER

AFN #2018001016 Page: 2 of 3

STATE OF WASHINGTON)) § COUNTY OF KLICKITAT)

I certify that I know or have satisfactory evidence that Anna B. Presley is the person who appeared before me and said person acknowledged that she signed this instrument and acknowledged it to be her free and voluntary act for the uses and purposes mentioned in the instrument.

DATED: May 10, 2018.

(Seal)

LORRIE C KNOWLES **NOTARY PUBLIC** STATE OF WASHINGTON **COMMISSION EXPIRES** MARCH 4, 2022

Lorrie C. Knowles

Notary Public in and for the State of Washington, residing at White Salmon.

My commission expires: 3/4/22.

AFN #2018001016 Page: 3 of 3

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Cockamas Creegion 97015	Kalser Sunnyside Medical Center
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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE CRICINAL CERTIFICATE ON FILE ON THE VITAL RECORDS UNIT OF THE ORGAN CENTER FOR HEALTH STATISTICS.	IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL ENTIRE OR THE VITAL ENTIRE VITAL RECORDS UNIT OF THE OREGON CENTER FOR HEALTH STATISTICS.
April 06 2016	
DATE ISSUED: STATE REGISTRAR	April 08 2016
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