

When recorded return to:

ROD WESTLUND
1435 8TH AVE
SAN FRANCISCO CA

QUIT CLAIM DEED

THE GRANTOR(S)

GRACE M WESTLUND

for and in consideration of

A MERE change in Identity

in hand paid, conveys and quit claims to

RODNEY R WESTLUND

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

33324
JUN 27 2018

PAID EXEMPT
Anthony Michael Hendry
SKAMANIA COUNTY TREASURER

the following described real estate, situated in the County of

State of Washington

together with all after acquired title of the grantor(s) herein:

A tract of land in Section 29, Township 3 North, Range 8 East, of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Lots 1, 2, 3 and 4 of the McGuire Short Plat, recorded in Book 3 of Short Plats, Page 335, Skamania County Records.

Skamania County Assessor

Date 6-27-18 Parcel# 03082900050200

YM

03082900050300
03082900050400
03082900050500

Abbreviated Legal: (Required if full legal not inserted above.)

Tax Parcel Number(s): 03082900050200 - 03082900050300
03082900050400 - 03082900050500

Dated: 06/08/2018

Grace M. Weeden

SEE ATTACHED
NOTARY CERTIFICATE

STATE OF

COUNTY OF

ss.

I certify that I know or have satisfactory evidence that

(is/are) the person(s) who appeared

before me, and said person(s) acknowledged that

signed this instrument and acknowledged it to be

free and voluntary act for the uses and purposes mentioned in this instrument..

Dated:

Notary name printed or typed:

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 Santa ClaraOn 06/08/2018

Date

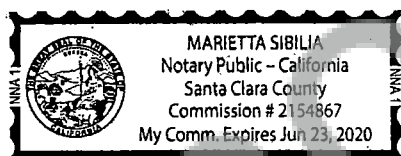
before me, Marietta Sibilia

Here Insert Name and Title of the Officer

personally appeared Grace M. Westlund

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 and/or Stamp Above

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: Quit Claim Deed - 030829000-50-200Document Date: 06/08/2018 # 300 - 400 - 500 Number of Pages: 3

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 of Conservator☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

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

Signer is Representing: _____