


AFTER RECORDING MAIL TO:
Joshua E. Good
1213 Island Way
North Bonneville, WA 98639

Filed for Record at Request of: WFG National Title Company of Clark County WA, LLC
Escrow Number: 18-182953

Statutory Warranty Deed

Grantor(s): Ralph C. Monge and Nancy V. Monge, husband and wife
Grantee(s): Joshua E. Good, an unmarried man
Abbreviated Legal: LOT 13 OF THE HAMILTON ISLAND PUD #2006161510 1890 SQFT
Additional legal(s) on page:
Assessor's Tax Parcel Number(s): 02072912021300 

THE GRANTOR **Ralph C. Monge and Nancy V. Monge, husband and wife**, for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to **Joshua E. Good, an unmarried man**, the following described real estate, situated in the County of Skamania, State of Washington:

Lot 13 of the HAMILTON ISLAND P.U.D. according to the recorded plat thereof, recorded in Auditor File No. 2006161510, in the County of Skamania, State of Washington.

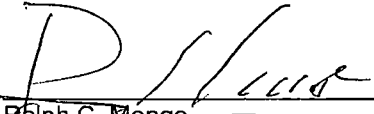
Skamania County Assessor
Date 7-12-18 Parcel # 2-7-29-1-2-213

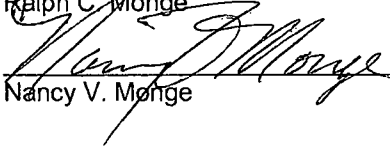
Grantor acknowledges that title to the property is marketable at the time of this conveyance. The following shall not cause the title to be unmarketable: rights, reservations, covenants, conditions, and restrictions, presently of record and general to the area; easements and encroachments, not materially affecting the value of or unduly interfering with grantee's reasonable use of the property; and reserved oil and/or mining rights.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
33368
JUL 12 2018

PAID 83,167.00
Didley Kim Agency
SKAMANIA COUNTY TREASURER

Dated: July 6, 2018



Ralph C. Monge


Nancy V. Monge

STATE OF _____ }
County of _____ } SS.

I certify that I know or have satisfactory evidence that Ralph C. Monge and Nancy V. Monge is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this _____ day of July, 2018

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

Unofficial Copy

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

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 San Bernardino }

On July 11, 2018 before me, Michelle M. Melton, Notary Public
(Here insert name and title of the officer)

personally appeared Ralph C. Monge and Nancy V. Monge,
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.

Michelle M. Melton
Notary Public Signature

(Notary Public Seal)



ADDITIONAL OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Statutory Warranty Deed

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 2 Document Date 07/06/2018

CAPACITY CLAIMED BY THE SIGNER

- ☒ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☐ Other _____

INSTRUCTIONS FOR COMPLETING THIS FORM

This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. ~~he/she/they~~, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
 - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.