AFN #2018001604 Recorded Aug 02, 2018 09:25 AM DocType: DEED Filed by: CLARK COUNTY TITLE COMPANY Page: 1 of 3 File Fee: \$101.00 Auditor Robert J. Waymire Skamania County, WA

When recorded return to: White Acquisitions, LLC 13519 NE 96<sup>th</sup> Street Vancouver, WA 98682

ESCROW: WA-2506-YC

## BARGAIN AND SALE DEED

THE GRANTOR(S) BANK OF AMERICA, N.A.

for and in consideration of ten dollars (\$10.00) and other valuable consideration in hand paid, bargains, sells, and conveys to

WHITE ACQUISITIONS, LLC

the following described estate, situated in the County of SKAMANIA, State of Washington:

A PARCEL OF PROPERTY LOCATED IN THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 20, TOWNSHIP 2 NORTH, RANGE 5 EAST OF THE WILLAMETTE MERIDIAN, SKAMANIA COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS: THE NORTH HALF OF TRACTS 3 AND 4 OF THAT SHORT PLAT RECORDED IN BOOK 2 OF SHORT PLATS, PAGE 209, SKAMANIA COUNTY RECORDS.

Tax Parcel Number(s): 02-05-20-0-0-0609-00

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
33404

AUG - 2 2018

Skamania County Assessor Date 8-2-18 Parcel# 2 -5 -

SKAMANIA COUNTY TREASURER

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| AFN #2018001604 Pa | ge: 2 | of | 3 |
|--------------------|-------|----|---|
|--------------------|-------|----|---|

| DATED: JULY 19, 2018   |  |
|--|--|
| BANK OF AMERICA, N.A.  |  |
| BY:  |  |
| Carrington Mortgage Services, LLC, As Attorney-In-Fact   |  |
| NAMB: Tony Valencia  |  |
| Director Foreclosure Servicing   |  |
| TITLE: Carrington Mortgage Services, LLC, Attorney in Fact   | · ( / ) ·                              |
|  |  |
|  |  |
| C  | $G_{I}$                                |
|  |  |
| - X  | •                                      |
| STATE OF:  | ~ \                                    |
|  |  |
| COUNTY OF:  On   |  |
| COUNTY OF:   | 4 7 1                                  |
| "(and  |  |
| Onbefore inbefore in   | , Notary for                           |
| Carrington Morigage Services, LLC, As Audi ney-in-raction  | BANK OF AMERICA, N.A. who proved to    |
| me on the basis of satisfactory evidence to be the person(s) whose na  | ne(s) is/are subscribed to the within  |
| instrument and acknowledged to me that he/she/they executed the sar<br>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 that the foregoing paragraph is true and co   | DITECI.                                |
|  |  |
| Notary name printed or   | typed:                                 |
| Notary Public in and fo  | r the State of                         |
| My appointment expire  | S:                                     |

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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.

## CALIFORNIA ALL – PURPOSE

## CERTIFICATE OF ACKNOWLEDGMENT

| State of California   |  |  |  |  |
|---|--|--|--|--|
| County of Orange  | the up   |  |  |  |
|   | me, Lizet Suarez , Notary Public,  |  |  |  |
|   | Valencia, who proved to me on the  |  |  |  |
| basis of satisfactory evidence to be the person(s                     | whose name(s) are subscribed to the within instrument  |  |  |  |
| and acknowledged to me that he/she/they execu                         | ted the same in his/her/their authorized capacity(ies), and  |  |  |  |
| that by his/ her/their signature(s) on the instru                     | nent the person(s), or the entity upon behalf of which the   |  |  |  |
| person(s) acted, executed the instrument.                             |  |  |  |  |
|   |  |  |  |  |
| I certify under PENALTY OF PERJURY und                                | er the laws of the State of California that the foregoing  |  |  |  |
| paragraph is true and correct.  |  |  |  |  |
|   | LIZET SUAREZ  Notary Public – California  Orange County  |  |  |  |
| WITNESS my hand and official seal.                                    | Commission # 2186729<br>My Comm. Expires Mar 17, 2021  |  |  |  |
|   |  |  |  |  |
| Signature (Seal)  |  |  |  |  |
|   |  |  |  |  |
| ADDITIONAL OPTIONAL INFORMATION INSTRUCTIONS FOR COMPLETING THIS FORM |  |  |  |  |
| DESCRIPTION OF THE ATTACHED DOCUMENT                                  | Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a                           |  |  |  |
|   | document is to be recorded outside of California. In such instances, any alternative   |  |  |  |
| (Fitle or description of anached document)                            | verbiage does not require the notary to do something that is illegal for a notary in<br>California (i.e. certifying the authorized capacity of the signer). Please check the<br>document carefully for proper notarial wording and attach this form if required. |  |  |  |
| (Title or description of attached document continued)                 | State and County information must be the State and County where the document   |  |  |  |
| Number of Pages Document Date   | signer(s) personally appeared before the notary public for acknowledgment.  Date of notarization must be the date that the signer(s) personally appeared which   |  |  |  |
| (Additional information)  | 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).  |  |  |  |
|   | <ul> <li>Print the name(s) of document signer(s) who personally appear at the time of<br/>notarization.</li> </ul>   |  |  |  |
| CAPACITY CLAIMED BY THE SIGNER  Individual (s)                        | <ul> <li>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.</li> </ul>         |  |  |  |
| ☐ Corporate Officer   | <ul> <li>The notary seal impression must be clear and photographically reproducible.</li> <li>Impression must not cover text or lines. If seal impression smudges, re-seal if a</li> </ul>   |  |  |  |
| (Title)   | sufficient area permits, otherwise complete a different acknowledgment form.  Signature of the notary public must match the signature on file with the office of   |  |  |  |
| ☐ Partner(s) ☐ Attorney-in-Fact                                       | the county clerk.  Additional information is not required but could help to ensure this  |  |  |  |
| ☐ Trustee(s)  | acknowledgment is not missised or attached to a different document.  Indicate title or type of attached document, number of pages and date.  |  |  |  |
| Other   | <ul> <li>Indicate the capacity claimed by the signer. If the claimed capacity is a<br/>corporate officer, indicate the title (i.e. CEO, CFO, Secretary).</li> </ul>  |  |  |  |
|   | <ul> <li>Securely attach this document to the signed document</li> </ul>   |  |  |  |