County, WA SKAMANIA COUNTY REAL ESTATE EXCISE TAX 33667 JAN **28** 2019 Return Address: James Hutchings PO Box 42 SKAMANIA COUNTY TREASURER Carson, WA 98610 QUIT CLAIM DEED(Statutory Form) **BOUNDARY LINE ADJUSTMENT** Indexing I information requited by the Washington State Auditor's/Recorders Date., (RCW 36.18 red RCW 65.04) 11137: (please print last Reference # (If applicable): ________ Add'l. on pg_ Grantor(s) (Seller): (1) James Hutchings Add'l pg_ Grantee(s) (Purchaser): (1) James Hutchings (2)Legal Description (abbreviated): PTN NE1/4 NW1/4, Section 28, T 3 N, R 8 E Add'l. legal Is on pg Assessor's Property Tax Parcel /Account # PTN 03082812070000 (a ing Department, BLAApproved B THE GRANTOR (s) James Hutchings 1/24/19 State of Washington For and In Of PO Box 42, City of: Carson _County of<u>Skamania</u> boundary line adjustment _convey_s_ and quit-claim_s_to consideration of_ James Hutchings of PO Box 42 County of_ <u>Skamania</u> , City of <u>Carson</u> all Interest In the following described Real Estate: State of Washington Beginning 20.00' east of the Northwest corner of the Northwest Quarter of the Northwest Quarter of Section 28, Township 3 North, Range 8 East, W.M.; thence S89°26'15"E 124.79' along the north line of said Northwest corner of the Northwest Quarter of the Northwest Quarter of the Northwest Quarter; thence S00°23'09"W 59.06'; thence S89°26'15"E 15.05'; thence S00°23'09"W 103.05'; thence N89°26'15"W 139.84'; thence N00°23'09"E 162.11' to the True Point of Beginning. Containing 0.50 acres more or less. Planning Department - BLAApproved By: The purpose of this deed is to affect a boundary line adjustement between adjoining parcels of land owned by Grantor and Grantee; it is not intended to create a separate parcel, and is therefore exempt from the requirements of RCW 58.17 and the Skamania County Short Plat Ordinance. The property described in this deed cannot be segregated and sold without conforming to the State of Washington and Skamania Coutny Subdivision laws. State of Washington situated In the County of_ <u>Skamania</u> Dated this Skamania County Assessor SS.(INDIVIDUAL ACKNOWLEDGEMENT) County of SKaman I certify that I know or have satisfactory evidence that_ the Person(s) who appeared before me, and said person(s) acknowledged that ____ instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument. day of January, 2019 Dated this STATE OF WASHINGTON Notary Public in and for the State of WA COMMISSION EXPIRES JANUARY 9, 2020 My appointment expires:__

AFN #2019000128 Recorded

Hutchings Page: 1 of 1 File Fee: \$99.00

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2019

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DocType: DEED Filed by: James

Auditor Robert J. Waymire Skamania