	•
	33107
When recorded return to:	SKAMANIA COUNTY
Mr. and Mrs. Jason M Ledesma	REAL ESTATE EXCISE TAX
220 Iman Cemetary Rd Stevenson, WA 98648	MAR 4 2019
	1305.50
Filed for Record at Request of Columbia Gorge Title	Cq
Escrow Number: S19-0038JA	SKAMANIA COUNTY TREASURED
S	tatutory Warranty Deed
THE GRANTOR Seth A. Rall, a sin	ngle man for and in consideration of TEN DOLLARS AND
Jason M Ledesma and Bernadette	DERATION in hand paid, conveys and warrants to THE GR. M Ledesma, husband and wife the following described rea
situated in the County of Skamania, Sta	ate of Washington
Reginning at the Southwest corner	of the Southboat Outline of Section 17. Township 2 N
8 East of the Willamette Meridian,	of the Southeast Quarter of Section 17, Township 3 North, I in the County of Skamania, State of Washington; thence East
feet; thence North 1,536.55 feet to t	the initial point of the tract hereby described; thence East 20
icet, mence inorm 104.25 feet; then	ce West: 208.5 feet; thence South 104.25 feet to the initial p
EXCEPT the East 90 feet.	TA THEASURE
TOGETHER WITH 1991 Champio	n 56X 14 VIN 1614708969 %025720
	US 8 and 10 OF THE PRELIMINARY TITLE REPORT DATED 9-0038KM. A COPY OF WHICH WAS PROVIDED TO THE NAMED.
February 5, 2019 FILE NUMBER S1	9-0038KM. A COPY OF WHICH WAS PROVIDED TO THE NAMED.
February 5, 2019 FILE NUMBER S15 GRANTOR AND GRANTEE HEREIN Tax Parcel Number(s): 03-08-17-4-0-1	9-0038KM. A COPY OF WHICH WAS PROVIDED TO THE NAMED. Skamania County Assessor Date 3/4/9 Parcel# 3-8-17-4-1400
February 5, 2019 FILE NUMBER S15 GRANTOR AND GRANTEE HEREIN Tax Parcel Number(s): 03-08-17-4-0-1	9-0038KM. A COPY OF WHICH WAS PROVIDED TO THE NAMED. Skamania County Assessor Date 3/4/9 Parcel# 3-8-17-4-1400
February 5, 2019 FILE NUMBER \$15 GRANTOR AND GRANTEE HEREIN Tax Parcel Number(s): 03-08-17-4-0-1 Dated	9-0038KM. A COPY OF WHICH WAS PROVIDED TO THE NAMED 400-00 Skamania County Assessor Date 3/4/9 Parcel# 3 - S-17- 4-1 400
February 5, 2019 FILE NUMBER S13 GRANTOR AND GRANTEE HEREIN Tax Parcel Number(s): 03-08-17-4-0-1 Dated	Skamania County Assessor Date 3/4/9 Parcel# 3-8-17-4-1400
February 5, 2019 FILE NUMBER \$13 GRANTOR AND GRANTEE HEREIN Tax Parcel Number(s): 03-08-17-4-0-1 Seth A. Rall STATE OF COUNTY OF	Skamania County Assessor Date 3/9/Parcel# 3-8-17-4-1400 SS:
February 5, 2019 FILE NUMBER SIS GRANTOR AND GRANTEE HEREIN Tax Parcel Number(s): 03-08-17-4-0-18 Seth A. Rall STATE OF COUNTY OF I certify that I know or have satisfactor is the person who appeared before me,	Skamania County Assessor Date 3/4/19 Parcel # 3 -8-17-4-1400 Ss: y evidence that Seth A. Rall
February 5, 2019 FILE NUMBER SISTER GRANTOR AND GRANTEE HEREIN Tax Parcel Number(s): 03-08-17-4-0-18 Seth A. Rall STATE OF COUNTY OF I certify that I know or have satisfactors is the person who appeared before me,	Skamania County Assessor Date 3/9/Parcel# 3-9-17-4-1400 SS: y evidence that Seth A. Rall and said person acknowledged that he/she signed this instrument
February 5, 2019 FILE NUMBER SISTER GRANTOR AND GRANTEE HEREIN Tax Parcel Number(s): 03-08-17-4-0-19 Seth A. Ráll STATE OF COUNTY OF I certify that I know or have satisfactory is the person who appeared before me, acknowledge it to be his/her free and very satisfactory and the satisfactory is the person who appeared before me, acknowledge it to be his/her free and very satisfactory acknowledge it to be his/her free	Skamania County Assessor Date 3/9/Parcel# 3-9-17-4-1400 SS: y evidence that Seth A. Rall and said person acknowledged that he/she signed this instrument
February 5, 2019 FILE NUMBER \$13 GRANTOR AND GRANTEE HEREIN Tax Parcel Number(s): 03-08-17-4-0-13 Seth A. Rall STATE OF COUNTY OF I certify that I know or have satisfactory is the person who appeared before me, acknowledge it to be his/her free and very setting the satisfactory of the satisfactory is the person who appeared before me, acknowledge it to be his/her free and very setting the satisfactory of the satisfactory	Skamania County Assessor Date 3/9/Parcel# 3-9-17-4-1400 SS: y evidence that Seth A. Rall and said person acknowledged that he/she signed this instrument

AFN #2019000326 Recorded Mar 04, 2019 01:53 PM DocType: DEED Filed by: COLUMBIA GORGE TITLE Page: 1 of 2 File Fee: \$100.00 Auditor Robert J. Waymire

Skamania County, WA

AFN #2019000326 Page: 2 of 2

www.NotaryClasses.com 800-873-9865

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 Diego	_ }
	On Peps Wild before me, _	Chris Chadwick, Notary Public (Here insert name and title of the officer)
	personally appeared Seth Rall	,
		factory evidence to be the person(s) whose instrument and acknowledged to me that
(he she/they executed the same in his/h	ner/their authorized capacity(ies), and that by
i	(nis)her/their signature(s) on the instrum	nent the person(s) , or the entity upon behalf of
	which the person(s) acted, executed the	ne instrument.
	•	
		Y under the laws of the State of California that
	the foregoing paragraph is true and cor	rrect.
	WITNESS my hand and official seal.	CHRIS CHADWICK COMM. #2269288 NOTARY PUBLIC-CALIFORMIA F SAN DIEGO COUNTY My Comm. Express December 2, 2022
	Notary Public Signature (No	Notary Public Seal)
	-	INSTRUCTIONS FOR COMPLETING THIS FORM
	ADDITIONAL OPTIONAL INFORMAT	This form complies with current California statutes regarding notary wording and,
	DESCRIPTION OF THE ATTACHED DOCUMENT	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
	Statutory Warranty Deed	as the wording does not require the California notary to violate California notary law.
	(Title or description of attached document)	• State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
	(Title or description of attached document continued)	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
	Number of Pages Document Date <u>โรโรงโตโ</u> ร	 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
	CAPACITY CLAIMED BY THE SIGNER	notarization. • Indicate the correct singular or plural forms by crossing off incorrect forms (i.e.
	ıd Individual (s)	he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
	☐ Corporate Officer	 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
	(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 misused or attached to a different document. Indicate title or type of attached document, number of pages and date.
	☐ Other	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.