



WHEN RECORDED RETURN TO:

JOHN K ZIEGLER

2309 E. STREET

WASHOUGAL, WA.

98671

DOCUMENT TITLE(S)

EASEMENT

REFERENCE NUMBER(S) of Documents assigned or released:

TAX LOT 03050000050100

TAX LOT 03050000050300

☐ Additional numbers on page ____ of document.

GRANTOR(S):

JOHN K ZIEGLER

DENISE J. ZIEGLER

☐ Additional names on page ____ of document.

GRANTEE(S):

SAME

☐ Additional names on page ____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

WEST 1/2 TN 34 RANGE 5 E. W. M.

☐ Complete legal on page ____ of document.

TAX PARCEL NUMBER(S):

TAX # 03050000050100

03050000050300

☐ Additional parcel numbers on page ____ of document.

JM
10/5/2020

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX

N/A

OCT 05 2020

PAID

SKAMANIA COUNTY TREASURER

EASEMENT

John K. & Denise J. Ziegler being the owners of tax parcels: 03050000050100 & 03050000050300 located in Skamania County (legal description TN 3 N RANGE 5 E. W. M.).

Do hereby grant a permanent easement to operate, maintain and replace if necessary a septic drain field located on tax lot # 03050000050300 which sole purpose is to serve the septic system for tax lot # 03050000050100.

Grantors

John K. Ziegler
John K. Ziegler

10/5/2020
Date

Denise J. Ziegler
Denise J. Ziegler

10-5-2020
Date

**WASHINGTON NOTARY ACKNOWLEDGEMENT
(INDIVIDUAL)**

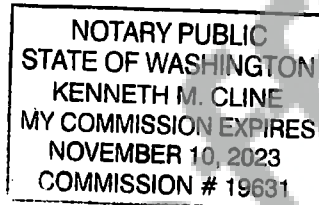
State of Washington

County of Clark

I certify that I know or have satisfactory evidence that John K Ziegler [Name of Person] is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 10-5-2020

(Seal or stamp)



[Signature]
Signature

Notary
Title

My appointment expires: Nov 10, 2023

**WASHINGTON NOTARY ACKNOWLEDGEMENT
(INDIVIDUAL)**

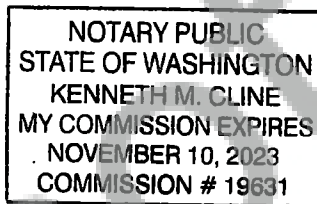
State of Washington

County of Clark

I certify that I know or have satisfactory evidence that Denise J Ziegler [Name of Person] is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: 10-5-2020

(Seal or stamp)



[Signature]
Signature

Notary
Title

My appointment expires: Nov 10, 2023