Skamania County, WA Total:\$105.50 DEED Pgs=3

2021-000165

01/14/2021 03:13 PM

Request of: COLUMBIA GORGE TITLE

When recorded return to:

Mr. Michael R Leach and Mrs. Claire Dorlac-Leach 206 I Street Salt Lake City, UT 84103

Filed for Record at Request of Columbia Gorge Title Escrow Number: S20-1002JA 00006898202100001650030032

Statutory Warranty Deed

THE GRANTOR Ellen M. Hill, a single person for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to THE GRANTEE Michael R Leach and Claire Dorlac-Leach, husband and wife the following described real estate, situated in the County of Skamania, State of Washington:

Abbreviated Legal: Ptn Sec 20 T3N R10E W.M.

For Full Legal See Attached Exhibit "A"

SUBJECT TO SPECIAL EXCEPTIONS 7,8 OF THE PRELIMINARY TITLE REPORT DATED JANUARY 4, 2021 FILE NUMBER S20-1002KM. A COPY OF WHICH WAS PROVIDED TO THE GRANTOR AND GRANTEE HEREIN NAMED.

Tax Parcel Number(s): 03-10-20-0-0-1003-00 SM 1/14 2021

Dated 11 Jan 2021

Ellen M Hill

Ellen M Hill

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 fruthfulness, accuracy, or validity of that document.

STATE OF <u>CALIFORNIA</u> SCUNTY OF <u>SAN BENARDING</u> ss:

I certify that I know or have satisfactory evidence that Ellen M Hill

is the person who appeared before me, and said person acknowledged that signed this instrument and acknowledge it to be her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: JANUARY 11, 2021

Notary Public in and for the State of CALL FORMIA

Residing at 57552 29 PALMS HUNT YUCCAVALLET, CA 92284

My appointment expires: 01/05/2024

Crystal C. Jones
COMM. #2317667
NOTARY PUBLIC - CALIFORNIA
SAN BERNARDINO COUNTY
My Comm. Expires January 5, 2024

SKAMANIA COUNTY
REAL ESTATE EXCISE TAX
35055

JAN 1 4 2021

MUNICIPAL DOMESTICAN SKAMANIA COUNTY TREASURER

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ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the

is attached, and not the truthfulness, accuracy	ment to which this certificate i, or validity of that document.
State of California	} · · · · · · · · · · · · · · · · · · ·
County of San Bernardino	_ }
On January 11, 2021 before me,	Crystal C. Jones, Notary Public (Here insert name and title of the officer)
personally appeared Ellen M. Hill	
name(s)(s)are subscribed to the within he/she/they executed the same in his/fi	factory evidence to be the person(s) whose instrument and acknowledged to me that new their authorized capacity(ies), and that by nent the person(s), or the entity upon behalf of e instrument.
I certify under PENALTY OF PERJUR	Y under the laws of the State of California that
the foregoing paragraph is true and con	rrect.
WITNESS my hand and official seal.	COMM. #2317667 NOTARY PUBLIC - CALIFORNIA SAN BERNARDINO GOUNTY My Comm. Expires January 5, 2024
Notany Public Signature (N	otary Public Seal)
ADDITIONAL OPTIONAL INFORMAT	ION INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	This form complies with current California statutes regarding notary wording a if needed, should be completed and attached to the document. Acknowledgents frother states may be completed for documents being sent to that state so long as the states of the
Statutory Warranty Deed (Title or description of attached document)	wording does not require the California notary to violate California notary law. State and County information must be the State and County where the docum
(Title or description of attached document continued) Number of Pages _1 Document Date _ 01/11/21	 signer(s) personally appeared before the notary public for acknowledgment. Date of notarization must be the date that the signer(s) personally appeared wh 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 left.
Document Date	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
CAPACITY CLAIMED BY THE SIGNER ☑ Individual (s) ☐ Corporate Officer	notarization. Indicate the correct singular or plural forms by crossing off incorrect forms (in he/she/they, is /are) or circling the correct forms. Failure to correctly indicate the information may lead to rejection of document recording. The notary seal impression must be clear and photographically reproducible.

2015 Version www.NotaryClasses.com 800-873-9865

(Title)

Attorney-in-Fact

Partner(s)

Trustee(s)

Other

- ent
- ich
- of
- .е.
- 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.

EXHIBIT A

A tract of land located in the Southeast Quarter of the Southwest Quarter of Section 20, Township 3 North, Range 10 East of the Willamette Meridian, in the County of Skamania, State of Washington, described as follows:

Beginning at a point on the quarter section line 880 feet North from the quarter corner on the South line of said Section 20; thence West 495 feet; thence North parallel to said quarter section line to intersection with the center line of the county road known and designated as the Collins-Knapp Road; thence in a Southeasterly direction following the center line of said road to intersection with the said quarter section line; thence South to the point of beginning;

EXCEPT the East 20 rods thereof.

Skamania County Assessor

Date 1/14 2 1 Parcel# 03/0200100300

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