Skamania County, WA Total:\$204.50 DEED

Pgs=2

2021-002588 07/26/2021 10:11 AM

Request of: COLUMBIA GORGE TITLE

00009750202100025880020027

When recorded return to:

West Peak Contractors LLC 8003 NE 142 Ave. Vancouver, WA 986\$2

Filed for Record at Request of Columbia Gorge Title Escrow Number: S21-0495JA

SKAMANIA COUNTY REAL ESTATE EXCISE TAX

35547 JUL **2 6** 2021

Statutory Warranty Deed

THE GRANTOR Gregory Carl Johnson and Remedios Villacampo Johnson, Co-Trustees, or the Successors in Trust, under Declaration of Trust, dated August 4, 2006, and any amendments thereto for and in consideration of TEN DOLLARS AND OTHER GOOD AND VALUABLE CONSIDERATION in hand paid, conveys and warrants to THE GRANTEE West Peak Contractors LLC, a Washington limited liability company the following described real estate, situated in the County of Skamania, State of

Lot 11 of ARIA OAKS, according to the Plat thereof, recorded in Book 'B' of Plats, Page 114, in the County of Skamania, State of Washington.

SUBJECT TO SPECIAL EXCEPTIONS 7,8,9 OF THE PRELIMINARY TITLE REPORT DATED JULY 6, 2021 FILE NUMBER S21-0495KM. A COPY OF WHICH WAS PROVIDED TO THE GRANTOR AND GRANTEE HEREIN NAMED.

Tax Parcel Number(s): 02-07-21-0-0-1013-00

Skamania County Assessor

Date 7-26-21 Parcel# 02072100101300

The Gregory Carl Johnson and Remedios Villacampo Johnson Revocable Trust dated August 4, 2006

By: Gregory Carl Johnson, Trustee

By: Remedios Villacampo Johnson, Trustee

COUNTY OF	} ss:
I certify that I know or have satisfactory evidence the	Johnson
	is/are the person(s) who appeared before
me, and said person(s) acknowledge that they	signed this instrument, on oath stated they
is/are authorized to execute the instrument and acki	nowledge that as the
Trustees of The Gr	ogory Carl Johnson and Remedios Villacampo Johnson
Revocable Trust dated August 4, 2006 to be the fi purposes mentioned in this Statutory Warranty Deer	ree and voluntary act of such party(ies) for the uses and d.
Dated:	
_	
N	otary Public in and for the State of
, Re	esiding at
M	v appointment expires:

LPB 10-05(i-l)

SEE STACHMENT.

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 July 16, 2021 before me,	Gregory Lerner, Notary Public (Here insert name and title of the officer)
personally appeared Gregory Carl John who proved to me on the basis of satisf name(s) is/are subscribed to the within he/she/they executed the same in his/h	actory evidence to be the person(s) whose instrument and acknowledged to me that er/their authorized capacity(ies), and that by ent the person(s), or the entity upon behalf of
I certify under PENALTY OF PERJURY the foregoing paragraph is true and cor	under the laws of the State of California that rect.
WITNESS my hand and official seal.	GREGORY LERNER COMM. # 2336768 NOTARY PUBLIC • CALIFORNIA SAN DIEGO COUNTY Commission Expires: NOV 30, 2024
Notary Public Signature (No	otary Public Seal)
ADDITIONAL OPTIONAL INFORMATI	ION INSTRUCTIONS FOR COMPLETING THIS F
DESCRIPTION OF THE ATTACHED DOCUMENT Statutory Warranty Deed	This form complies with current California statutes regarding notan if needed, should be completed and attached to the document. Ackno other states may be completed for documents being sent to that state wording does not require the California notary to violate California
(Title or description of attached document) (Title or description of attached document continued) Number of Pages1 Document Date07/16/21	 State and County information must be the State and County wher signer(s) personally appeared before the notary public for acknowle Date of notarization must be the date that the signer(s) personally must also be the same date the acknowledgment is completed. The notary public must print his or her name as it appears wi commission followed by a comma and then your title (notary public Print the name(s) of document signer(s) who personally appear
CAPACITY CLAIMED BY THE SIGNER ☐ Individual (s) ☐ Corporate Officer ———————————————————————————————————	 Indicate the correct singular or plural forms by crossing off incorhe/she/they, is /are) or circling the correct forms. Failure to correct information may lead to rejection of document recording. The notary seal impression must be clear and photographically Impression must not cover text or lines. If seal impression smudd sufficient area permits, otherwise complete a different acknowledge. Signature of the notary public must match the signature on file with the county clerk. Additional information is not required but could help acknowledgment is not misused or attached to a different of the county clerk.

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

Other

HIS FORM

notary wording and, Acknolwedgents from t state so long as the fornia notary law.

- where the document cnowledgment.
- nally appeared which
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- appear at the time of
- incorrect forms (i.e. correctly indicate this
- hically reproducible. smudges, re-seal if a wledgment form.
- file with the office of
 - 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.