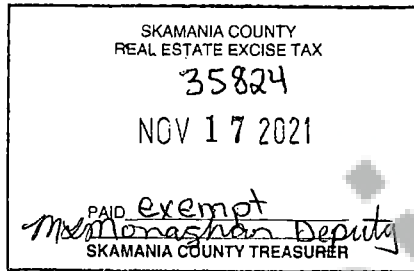




When recorded return to:

Peachey Davies & Myers, PC  
P. O. Box 417  
Hood River, OR 97031



**TRUSTEE'S DEED  
(Not Statutory)**

THE GRANTOR, Katherine B. Zocchetti, Trustee of the Patricia A. Szymanski Separate Property Revocable Trust dated October 15, 2010, and as amended, for and in consideration of disbursement under the terms of the Patricia A. Szymanski Separate Property Revocable Trust, in hand paid, bargains, sells, and conveys to Katherine B. Zocchetti and David C. Zocchetti, as joint tenants with right of survivorship and not as community property, the following described real property, situated in the County of Skamania, State of Washington:

Lot 33, SKAMANIA HIGHLANDS, according to the official plat thereof on file and of record at page 140 of Book "A" of plats, records of Skamania County, Washington.

Tax Parcel Numbers: 02 05 19 2 0 0133 00 (D)

Dated: Oct. 29<sup>th</sup>, 2021.

Skamania County Assessor

Date 11/17/21 Parcel # 2-5-19-2-133 (D)

Katherine B. Zocchetti  
Katherine B. Zocchetti, Trustee of the Patricia A. Szymanski Separate Property Revocable Trust, and not in her individual capacity

Grantees join into the execution to affirm their intention to hold title as joint tenants with the right of survivorship and not as community property or as tenants in common.

Katherine B. Zocchetti 10-29-21  
Katherine B. Zocchetti Date

David C. Zocchetti 10-29-21  
David C. Zocchetti Date

**CALIFORNIA ACKNOWLEDGMENT**

CIVIL CODE § 1189

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 Sonoma

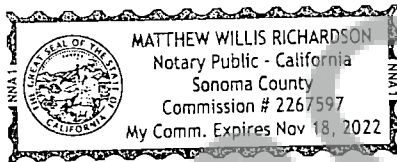
On Oct. 29<sup>th</sup>, 2021  
Date

before me, Matthew Willis Richardson Notary Public  
Here Insert Name and Title of the Officer

personally appeared

Katherine B. Zocchetti  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

[Signature]  
Signature of Notary Public

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

☐ Corporate Officer – Title(s): \_\_\_\_\_

☐ Partner – ☐ Limited ☐ General

☐ Individual

☐ Attorney in Fact

☐ Trustee

☐ Guardian or Conservator

☐ Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_