



After recording, please return to:

Mail: 2211 Duncan Cuz Rd
Skamania, WA 98648
Michelle Sobaski

REVOCABLE TRANSFER ON DEATH DEED

Under Chapter 64.80 RCW

Washington Uniform Real Property Transfer on Death Act

NOTICE TO TRANSFEROR:

- You may want to consult a lawyer before using this form.
- You should carefully read all information the end of this form.
- This form must be recorded before your death, or it will not be effective.

IDENTIFYING INFORMATION:

Transferor, being of competent mind and having the legal capacity to make this deed:

Joel A Koch

Legal description of the property, situated in Skamania County, Washington:

LOT 9 BLK 12 - Relocated North Bonneville Bk BPG 12 + 28 14;
079, SFT

Assessor's property tax parcel or account number: 02072043260000

Property address: 609 Shale St.

Legal Description:

Skamania County Assessor

Date: 6-13-24 Parcel# 02072043260000

LM

PRIMARY BENEFICIARY:

I designate the following grantee beneficiary if the beneficiary survives me.

Michelle Sobaski

Skamania County

Real Estate Excise Tax

N/A

JUN 13 2024

CONTINGENT BENEFICIARY: (Optional)

PAID

N/A

Skamania County Treasurer

KSA Deputy

TRANSFER ON DEATH:

- At my death, I transfer my interest in the described property to the grantee beneficiaries as designated above.
- Before my death, I have the right to revoke this deed.
- This deed revokes all prior beneficiary designations by this owner for this interest in real estate.

REAL ESTATE EXCISE TAX EXEMPTION:

The recording of this revocable transfer on death deed is not a "sale" as defined in RCW 82.45.010(1) and is therefore not subject to real estate excise tax. The transfer that will occur under this revocable transfer on death deed at the time of the owner's death is exempt from the Washington Real Estate Excise Tax by reason of RCW 82.45.010(3)(b) and WAC 458-61A-202(7).

SIGNATURE OF TRANSFEROR MAKING THIS DEED:

Transferor

Transferor

Date

Date

Construe all terms with the appropriate gender and quantity required by the sense of this deed.

ACKNOWLEDGMENT:

STATE OF WASHINGTON)
COUNTY OF GRANVILLE) ss:

I certify that I know or have satisfactory evidence that JOEL A. KOCH

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: MAY 28, 2024

Signature

Notary Public in and for the State
of Washington, residing at:

WASHINGTON, WA

My appointment expires: 11/19/2026

This instrument was prepared by:

