



00021049202500006730020023

WHEN RECORDED RETURN TO:

Rick Hart
212 HART RD
STEWENSON WA
98648

Please print or type information **Washington State Recorder's Cover Sheet** (RCW 65.04)

DOCUMENT TITLE(S) (or transaction contained therein) (all areas applicable to your document must be filled in)

Quit Claim Deed

REFERENCE NUMBER(S) of Documents assigned or released:

☐ Additional numbers on page ____ of document.

GRANTOR(S):

1. Kathleen Combelle

Skamania County

Real Estate Excise Tax

37717

APR 28 2025

3. _____ 4. _____

☐ Additional names on page ____ of document.

GRANTEE(S):

1. Richard Hart

PAID

\$18.50

Skamania County Treasurer

KSA Deputy

3. _____ 4. _____

☐ Additional names on page ____ of document.

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

Full legal on Page #2

SEC. 34 T.2 N. R. 6 E. W. M.

☐ Complete legal on page ____ of document.

Assessor's Property Tax Parcel # 02 06 34 1 00400 00

Skamania County Assessor

☐ Additional parcel numbers on page ____ of document.

4-28-25 Parcel # 02063410040000

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.

"I am signing below and paying an additional \$50.00 recording fee (as provided in RCW 36.18.010 and referred to as an emergency nonstandard document), because this document does not meet margin and formatting requirements. Furthermore, I hereby understand that the recording process may cover up or otherwise obscure some part of the text of the original document as a result of this request."

Signature of Requesting Party

Note to Submitter: Do NOT sign above nor pay additional \$50 fee if the document meets margin/formatting requirements.

Return to:
Name Richard L Hart
Address 212 Hart Rd
City, State, Zip Stevenson, WA 98648

Skamania County
Real Estate Excise Tax
37717
APR 28 2025

PAID \$18.50

KSA Skamania County Treasurer
Deputy

Quit Claim Deed

Reference # (If applicable): _____
Grantor(s): (1) Kathleen Combelle (2) _____
Grantee(s): (1) _____ (2) _____
Additional Grantor(s) on pg. _____ Additional Grantee(s) on pg. _____
Legal Description (abbreviated): _____
Additional legal(s) on page _____
Assessor's Tax Parcel ID# 02-06-34-1-0-0400-00

THE GRANTOR, Kathleen Combelle

for and in consideration of \$1000.00

conveys and quit claims to Richard L Hart

The following described real estate, situated in the county of Skamania, State of Washington, together with all after acquired title of the grantor(s) therein; described parcel lying Northwesterly of the Northwesterly line of a certain road known as Skelton Road; Beginning at a point 910 feet West of the Northeast corner of Section 34, T2N, R6E, W.M.; thence East 435.2 feet; thence South 1°10' West 524.2 feet; thence South 67°36' East 460.0 feet; thence South 42°56' East 26.5 feet; thence North 0°13' (West or East?) 728.5 feet to point of beginning.

Dated 04.23.25
Kathleen Combelle
(Individual)
(Individual)

By _____
(President)
By _____
(Secretary)

Skamania County Assessor

Date 4-28-25 Parcel # 0206341004000

STATE OF WASHINGTON
COUNTY OF Clallam ss.

On this day personally appeared before me
Mojgan Kasraei
to me known to be the individual described in and who executed the within and foregoing instrument, and acknowledged that Kathleen Combelle signed the same as her free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this 23rd
day of April, 2025.

M Kasraei
Notary Public in and for the State of Washington,
residing at Veneta, WA
My appointment expires: 10/1/28

STATE OF WASHINGTON
COUNTY OF _____ ss.
I certify that I know or have satisfactory evidence that _____

is the person(s) acknowledged that (he/she/they) signed this instrument, on oath stated that (he/she/they) was (were) authorized to execute the instrument and acknowledged it as the _____ of _____ to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated _____

Signature _____

Title _____

My appointment expires _____

(SEAL OR STAMP)

MOJGAN KASRAEI
Notary Public
State of Washington
Commission # 39624
My Comm. Expires Oct 1, 2028

 LandAmerica
Transnation