After Recording, Return Document to:

State of Washington
Department of Transportation
Real Estate Services Office
PO Box 47338
Olympia, WA 98504-7338

Document Title: Memorandum of Lease

Reference Number of Related Documents:

Landlord:

Tenant(s):

Legal Description:

Additional Legal Description is on Page   of this Document

Assessor's Tax Parcel Number:

Memorandum of Lease

Rental Agreement No.: _____

Project: _____

This MEMORANDUM OF LEASE refers to that certain Lease dated the _____ day of _____, _____ , between the STATE OF WASHINGTON, acting by and through the WASHINGTON STATE DEPARTMENT OF TRANSPORTATION (hereinafter called "WSDOT") and _____ (herein called the "TENANT").

Premises. WSDOT has leased to TENANT upon the terms and conditions of the Lease herewith, including the right to _____ upon the following described lands situated in _____ , County, Washington.

Term. The Lease commences _____, _____ and _____

Purpose. This MEMORANDUM OF LEASE is prepared and recorded for the sole purpose of imparting constructive notice of said Lease and in no way modifies the Lease.

Questions. Questions regarding this lease may be addressed to State of Washington Department of Transportation at the above address.

Memorandum of Lease

Signed this _____ day of _____ , _____

STATE OF WASHINGTON
Department of Transportation

_____
Property Management Program Manager,
Real Estate Services

STATE OF WASHINGTON   )
) ss
COUNTY OF _____)

On this _____ day of _____ , before me personally appeared
_____ , to me known to be the duly appointed
_____ and that he/she executed the within and
foregoing instrument and acknowledged the said instrument to be the free and voluntary act and
deed of said State of Washington, for the use and purposes therein set forth, and on oath states that
he/she is authorized to execute said instrument.

IN WITNESS WHEREOF, I have set my hand and affixed by official seal the day and year first
above written.

_____

Notary (print name) _____
Notary Public in and for the State
of Washington,

Residing at _____

My appointment expires _____

FA No.

IC No.