



200105180132
, Skagit County Auditor
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A298-10
R298-04

QUITCLAIM DEED

THIS QUITCLAIM DEED, Executed this 15 day of MAY, 2001 (year),

by first party, Grantor, Antony Sharipoff

whose post office address is P.O. Box 293 Woodburn, OR 97071

to second party, Grantee, Sharipoff Family Trust

whose post office address is P.O. Box 962 Mulino, OR 97042

WITNESSETH, That the said first party, for good consideration and for the sum of One Dollars (\$ 1.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances there-
to in the County of SKAGIT, State of Washington to wit:

Property Description: (4.28 AC) INC M/H 2000 MODULINE/
40928
SKAGIT COUNTY WASHINGTON
Real Estate Excise Tax
PAID

MAY 18 2001

Amount Paid \$ 0
By: Skagit County Treasurer
Name Deputy

TAX ACCT #: 350617-0-004-0200
P111596

Conce PT LOT 3 of Short PIAT 96-007
Recorded AF# 9707020001 Being a portion
of the NW1/4 NW1/4 lying northerly of
State Hwy 20.

AKHH
(1)

Rev. 6/98

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Signature of Witness

Print name of Witness

Signature of Witness

Print name of Witness

Signature of First Party

Print name of First Party

Signature of First Party

Print name of First Party

State of Oregon }
County of Clackamas

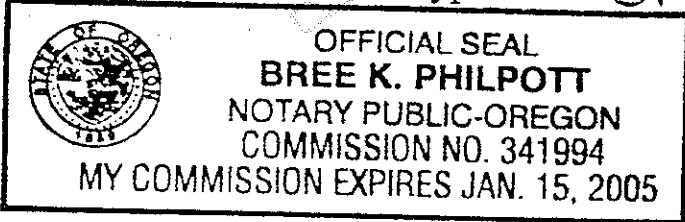
On May 17, 2001 before me, Bree Philpott
appeared Antonio Sharipoff

personally known to me (or 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.
WITNESS my hand and official seal.

Bree K Philpott
Signature of Notary

Affiant Known Produced ID
Type of ID Oregon Inverse Lisc.
(Seal)

State of }
County of
On before me,
appeared



personally known to me (or 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.
WITNESS my hand and official seal.

Signature of Notary

Affiant Known Produced ID
Type of ID
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer

(2)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



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