FILED FOR RECORD AT THE REQUEST OF/RETURN TO: Craig E. Cammock Law Office of Craig E. Cammock P. O. Box 836 / 415 Pine Street Mount Vernon, WA 98273



QUITCLAIM DEED

Grantor (s):

Grantee (s):

DAVID E. NELSON, a single man

TAKES FOUR, L.L.C., a Washington limited liability

company

Additional Grantor(s) on page(s):

Additional Grantee(s) on page(s):

Abbreviated Legal:

SW1/4 NE1/4 NE1/4, 9-34-4 REAL ESTATE EXCISE TAX

Additional Legal on page(s):

Assessor's Parcel/Tax I.D. Nos:

P105124/340409-1-002-0200;

P105125/340409-1-002-0200;

P 24315/340409-1-002-0003

FEB 2 8 2002

Amount Paid S Skagit Co. Treasurer

THE GRANTOR, DAVID E. NELSON, a single man, for and in consideration of transfer to a family limited liability company, does hereby convey and quitclaim to TAKES FOUR, L.L.C., a Washington limited liability company, as Grantee, the following described real estate situate in the County of Skagit, State of Washington, together with all after-acquired title of the Grantor therein, to-wit: that property described as:

Lots #1, 2, and 3 of Short Plat #92-037 approved November 24th, 1992, recorded December 1, 1992 in Volume 10 of Short Plats on pages 145 and 146 under Auditor's file #9212010047, records of Skagit County, Washington, being a portion of the SW1/4 of the NE1/4 of the NE1/4, Section 9, Township 34 North, Range 4 East, W.M., EXCEPT county roads.

NOTE: No excise tax is due pursuant to WAC 458-61-375.

DATED this _____ day of February, 2002.

DĂVID E. NELSON

| State of Washington |)) ss | |
|---|---|--|
| County of Skagit |) | |
| who appeared before acknowledged it to be | me, and said person ac | ory evidence that DAVID E. NELSON is the person knowledged that he signed this instrument and act for the uses and purposes mentioned in the |
| instrument. | | $\mathcal{L}_{\mathcal{L}}(\mathcal{L}_{\mathcal{L}}(\mathcal{L}_{\mathcal{L}}))$ |
| | CRAIG CAMISSION | Dated: February / 2002 |
| | CRAMISSION TO THE STATE OF THE | (demod |
| | SI POP " | (Signature) |
| | 11 1 2000 CO | NOTARY PUBLIC am Mod |
| | MASHING | Print Name of Notary My appointment expires: 1-1-200 |
| | | my appointment expires. |
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