

**FILE FOR RECORD AT REQUEST OF:**

JONATHAN C. HATCH, P.S.  
152 3<sup>rd</sup> Avenue S., Suite 101  
Edmonds, WA 98020

200203220155  
Skagit County Auditor  
3/22/2002 Page 1 of 2 3:04PM

**QUIT CLAIM DEED**

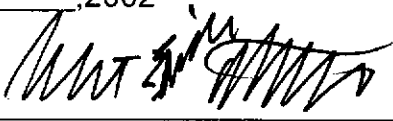
THE GRANTORS, ROBERT EDWIN WHITESIDE and JOAN A. WHITESIDE, husband and wife, for good and valuable consideration, convey and quit claim to the GRANTEES, ROBERT E. WHITESIDE and JOAN A. WHITESIDE, Trustees, or their Successor, under the WHITESIDE FAMILY TRUST dated December 18, 2001, the following described real estate, situated in the County of Skagit, State of Washington, together with all after acquired title of the grantors therein:

Lot 25, Block L, Plat of Cape Horn on the Skagit Division No. 2 as recorded in Volume 9 of Plats, pages 14 to 19, inclusive, records of Skagit County, State of Washington

**ASSESSOR'S PROPERTY TAX PARCEL OR ACCOUNT NO.: 3869-012-025-0000**

DATED: March 8, 2002

1208  
SKAGIT COUNTY WASHINGTON  
REAL ESTATE EXCISE TAX

  
Robert Edwin Whiteside

MAR 22 2002  
(seal)

Amount Paid \$0  
Skagit Co. Treasurer

By  Deputy  
(seal)

Joan A. Whiteside

QUITCLAIM DEED

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# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of CALIFORNIA

County of SAN DIEGO

On MARCH 8, 2002 before me, BARBARA R. JOHNSON  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Robert Edwin Whiteside and Joan A. Whiteside  
Name(s) of Signer(s)

☐ personally known to me – OR – ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~<sup>are</sup> subscribed to the within instrument and acknowledged to me that ~~he/she~~<sup>they</sup> executed the same in ~~his/her~~<sup>their</sup> authorized capacity(ies), and that by ~~his/her~~<sup>their</sup> 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 Public

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

### Capacity(ies) Claimed by Signer(s)

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer  
Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney-in-Fact  
☐ Trustee  
☐ Guardian or Conservator  
☐ Other: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER  
Top of thumb here

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- ☐ Individual  
☐ Corporate Officer  
Title(s): \_\_\_\_\_  
☐ Partner — ☐ Limited ☐ General  
☐ Attorney-in-Fact  
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☐ Other: \_\_\_\_\_

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