| Return to:  | •   |
|---|---|
|   | 200210280191<br>Skagit County Auditor   |
|   | 10/28/2002 Page 1 of 3 1:52PM   |
|   |   |
|   | ED CRITICAL AREA SITE PLAN Page 1 of 2 2001worth  |
| Grantee: PUBLIC   |   |
| Site Address: 4217 Force  | t-Lane  |
|   | Assessors Tax Account #: 360126-1-001-0600  |
|   | Rng. / Plat Name Lot  |
| Permit/Activity #: PLOO - 039   |   |
| PROTECTED CRITICAL AREA (PCA) filling, logging or removal of woody mat  | is to be left undisturbed in a natural state. No clearing, grading erial, building, construction or road construction of any kind or yed within the PCA areas except as specifically permitted by |
|   | approximations only and should not be used for purposes other critical areas. Development activities beyond the scope of this pprovals.   |
| The above references to "Grantor" and "ownership and are used solely for filing   | Grantee" shall not be construed as a transfer of property with the County Auditor.  |
| Owner: Thylis Awoolwor  | th Date: 1-26-02  |
| On this day personally appeared before rethe individual described herein and ackned and voluntary act and deed for the uses a | ne known to be owledged to me that signed the same as free  |
|   | , Notary Public in and for the State of Washington,   |
| residing at   | Date:   |

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

| State of California  | 1   |
|--|---|
| State of Gallionia   | ss.   |
| County of 1) onto  | _ [ 33/   |
| 7 7 7  | - <b>,</b>  |
|  |   |
| On the State OCCO before me, _   | Name and Title of Officer (e.g., 'Jane Doe, Notary Public')   |
| personally appeared Phullis a  | mn bearingsoth  |
| personally appeared 1 (CC) CC  | Name(s) of Signer(s)  |
|  | □ personally known to me  |
|  | proved to me on the basis of satisfacto   |
| and the second s | evidence  |
|  | to be the person(s) whose name(s) (s/a  |
|  | subscribed to the within instrument ar  |
| RAMONA L-MASON   | acknowledged to me that he che/they execute   |
| Commission # 72  | the same in his/her/their authorize   |
| A Minimum Particle of the State | capacity(ies), and that by his her/the  |
| Selection of Linear Control Control Control  | signature(s) on the instrument the person(s), the entity upon behalf of which the person(             |
| My Comm. Expires Sep 1 2004  | acted, executed the instrument.   |
|  | actor, executed the monament.   |
|  | WITNESS my hand and official seal.  |
|  | transport of Man  |
|  | Signature of Notary Public  |
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|  | ove valuable to persons relying on the document and could prevenent of this form to another document. |
| Description of Attached Desument   |   |
| Description of Attached Document   |   |
| Title or Type of Document:   | Critical Consadite Pla  |
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| Document Date: 7 26 0 2  | Number of Pages:  |
| Signer(s) Other Than Named Above:  |   |
| Signer(s) Other Man Named Above.   |   |
| Capacity(ies) Claimed by Signer  |   |
| cupacity (cos) common sy signer  |   |
| Signer's Name:   | RIGHT THUMBPA   |
| □ Individual   | OF SIGNER Top of thumb her  |
| ☐ Corporate Officer — Title(s):  |   |
| ☐ Partner — ☐ Limited ☐ General  |   |
| ☐ Attorney-in-Fact   |   |
| ☐ Trustee  |   |
| ☐ Guardian or Conservator  |   |
| Other:   |   |
| Signer Is Representing:  |   |
|  |   |
|  |   |



